



WHEELCHAIR BENEFIT COVERAGE STANDARD:

Manual Wheelchair Bases, Power Mobility Devices, Wheelchair Seating and Wheelchair Options and Accessories – Draft

Brief Coverage Statement

Durable medical equipment (DME) and disposable medical supplies (supplies) are a Colorado Medicaid benefit for the treatment or therapy of an illness or physical condition when is safe and suitable for use in a non-institutional setting.

This Wheelchair Benefit Coverage Standard is supplemental to 10 CCR 2505-10 § 8.590 of the Colorado Medicaid rules Durable Medical Equipment and Disposable Medical Supplies.

Pages one through 9 of this Coverage Standards are inclusive of general coverage guidelines and limitations that shall apply to all subparts of this coverage standard as listed below:

Manual wheelchair bases (MWBs): MWBs are a DME benefit for clients with neurological, orthopedic, cardiopulmonary or other conditions that affect their ability to sit or ambulate safely, timely and functionally. The appropriate type of wheelchair is determined by assessment and evaluation of body size, medical and/or functional needs, basic and instrumental activities of life (ADLs and IADLs) and physical condition.

Power mobility devices (PMDs): PMDs include power operated medical vehicles (POVs) and power wheelchairs (PWCs). PMDs are a DME benefit for clients with neurological, orthopedic, cardiopulmonary, or other conditions that affect their ability to sit or ambulate safely, timely and functionally. Powered mobility devices are considered when alternative types of maneuverability controls are needed for ambulation for clients who have limited functional strength, coordination or endurance in their arms and torso. The appropriate type of wheelchair is determined by assessment and evaluation of body size, medical and/or functional needs, basic and instrumental activities of life (ADLs and IADLs) and physical condition.

Wheelchair Seating: Wheelchair seating includes devices which serve to support a seated or reclined position on a mobility base, to provide postural support, injury prevention, pain alleviation or skin protection. Many clients who use wheelchairs require specific wheelchair seating products to address impairments in body structures or functions such as decreased muscle strength, paralysis, abnormal muscle tone, limited range of motion, orthopedic asymmetries and/or poor sitting balance. Wheelchair seating devices include both primary and secondary support surfaces.

Primary support surfaces include the seat cushion and back support and enable the individual to sit in the mobility system. Secondary supports are typically used to provide support or protection



to the extremities (legs, arms, and head), or to help maintain a very specific posture or position of a certain body segment or area, such as the upper torso, buttocks/thighs or extremities.

Secondary support surfaces can be integrated into the primary seat and/or back supports to provide additional positioning functions, or they may be separate items attached to the wheelchair frame or primary supports via special hardware. Separate secondary supports include, but are not limited to, items such as a head support, lateral trunk supports, medial thigh supports, anterior shoulder straps, pelvic belts, and ankle straps.

Wheelchair Options/Accessories (WOAs): WOAs include additional wheelchair components that are not provided as standard on a manual wheelchair base (MWB) or powered mobility device (PMD). WOAs are a DME benefit for clients with neurological, orthopedic, cardiopulmonary or other conditions that affect their ability to sit or ambulate safely and functionally. The appropriate WOAs are determined by assessment and evaluation of the client's medical and/or functional needs and physical condition. WOAs are covered when the client meets coverage criteria for a MWB or PMD **AND** the WOAs are required for the client to complete basic and instrumental activities of daily living (ADLs and IADLs) in the home, community or any non-institutional setting in which ADLs and IADLs take place.

Services Addressed in Other Benefit Coverage Standards

- Outpatient Physical Therapy and Occupational Therapy Services.

Eligible Providers

All rendering providers must be enrolled with Colorado Medicaid.

RENDERING PROVIDERS

Rendering provider refers to all accredited DME suppliers and pharmacies that use the DME-supply provider type. Pharmacies must use the Supply provider type for all DME-supply claims. With the exception of pharmacies, DME suppliers must maintain Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) accreditation through an authorized CMS accreditation organization. For more information on DMEPOS accreditation, please visit the CMS Web site here:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/DMEPOS Accreditation.html>

PRESCRIBING PROVIDERS

The State of Colorado limits prescriptive authority to certain board-licensed professions.

Prescribing provider for this benefit coverage statement refers to any of the following provider types:

- Physicians (MDs and DOs)
- Physician Assistants (PAs)



- Nurse Practitioners (NPs)

Note: Physical therapists (PT) and/or occupational therapists (OT) do not have prescriptive authority in Colorado; however, this does not preclude them from providing services related to proper assessment and fitting of wheelchairs and related items described in this coverage statement.

Eligible Place of Service

As outlined in 10 CCR 2505-10 § 8.590.2.B of the Colorado Medicaid rules, clients enrolled in Colorado Medicaid are eligible to receive equipment and supplies through the DME and Supplies benefit as an outpatient service.

Rendering providers are required to include coding that indicates the place of service when submitting claims. The eligible place of service for DME and supplies is not an indication of the client's physical location at the time services are rendered, but rather an indication of where the client is residing. Clients residing in a hospital or other facility must be provided necessary equipment and supplies by the facility, not through the DME benefit.

Eligible Clients

Wheelchairs and wheelchair-related items are a covered benefit for Colorado Medicaid clients who have a neurological, orthopedic, cardiopulmonary or other condition that affects their ability to sit or ambulate safely and functionally. Wheelchairs and wheelchair-related items are provided upon recommendation after any necessary evaluations, assessments and/or documentation requirements have been completed, and medical necessity has been established as indicated in this benefit coverage standard and its subparts.

Covered Services and Limitations

Wheelchairs and wheelchair-related requests are reviewed on a case-by-case basis. Approval is based on documentation submitted by the eligible provider. In general, items will be considered for coverage if the client's condition or diagnosis is such that, without the recommended item, he or she would be unable to sit or ambulate safely and functionally. Specific information on covered services and limitations are indicated in each of the four subparts of this benefit coverage standard, which include MWBs, PMDs, Wheelchair Seating and WOAs.

Prior Authorization Requirements

Prior Authorization is required for purchase of all wheelchairs and wheelchair-related items as outlined in the [Durable Medical Equipment \(DME\) & Supplies billing manual](#) and updated in



Provider Bulletins. The Prior Authorization Request (PAR) must be accompanied by documentation (see Documentation Requirements) which is used to establish medical necessity as determined by the Department's Utilization Management (UM) contractor. A physician, physician assistant or nurse practitioner who has seen the client in the past year must sign the documentation indicating agreement with the recommendation. PARs must include the manufacturer, make, and model of the equipment. A quoted amount must be submitted with the PAR for all purchases or repairs.

The prior authorization request is a determination of medical necessity only; claims and billing processes are not considered in this determination. Therefore, PAR approval does not guarantee Colorado Medical Assistance Program payment and does not serve as a timely filing waiver. Prior authorization only assures that the approved service is a medical necessity and is considered a benefit of the Colorado Medical Assistance Program. All claims, including those for prior authorized services, must meet eligibility and claim submission requirements (e.g., timely filing, detailed provider information, detailed description of medical necessity, all required attachments included, etc.) before payment can be made. Please refer to the [Durable Medical Equipment \(DME\) & Supplies](#) billing manual and the current Fee Schedule for billing information.

Note: Medical necessity is defined in 10 CCR 2505-10, Sections 8.590.1 and 8.590.2.A, of the Colorado Medical Assistance Program rules. Equipment and supplies are considered for approval if they are currently accepted by the medical community as standard medical practices. Requested items must be within the scope of these rules and as determined by the UM contractor upon PAR submission.

Documentation Requirements

There are two levels of documentation requirements associated with prior authorization requests for wheelchairs and wheelchair-related items:

- 1) Basic documentation: This level of documentation does not require a specialty evaluation. Basic documentation requirements apply to all wheelchairs and wheelchair-related items that require a PAR as indicated in each of the subparts of this benefit coverage standard.
- 2) Specialty evaluation documentation: Some Complex Rehabilitation Technology (CRT) (see Definitions) items require specialty evaluation documentation, which provides further details in order to establish medical necessity. Items that require a specialty evaluation must include both the basic and specialty evaluation documentation.

Basic Documentation Requirements (no specialty evaluation required):

All items that require a PAR must be accompanied by a Letter of Medical Necessity which includes, at a minimum, the following information:

- Client's name, date of birth, residence address, height and weight, and all relevant



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Policy & Financing

medical diagnoses.

- A summary of the client's current medical condition, prognosis, previous and current treatments that are pertinent to the requested item.
- Length of anticipated need for the requested item.
- A brief description of the client's impairment in functional mobility that establishes that they have a *mobility limitation* (see Definitions) and the item is needed for a medical purpose.
- If the recommended item is not the least costly option available to meet the client's medical need, documentation must contain a brief description of the impairments in body functions or structures that rule out use of the less costly item to justify the need for the recommended item.
- A description of how the client will operate the MWB, PMD (e.g. self-propel, tiller, joystick, etc.) and/or WOAs. Include a statement summarizing the client's mental and physical abilities/limitations as they pertain to client's ability to operate the recommended equipment appropriately for the duration of recommended use and in the environments in which it will routinely be used.
- If applicable, a brief description of the client's seating and positioning needs, and how these will be adequately met by the recommended MWB, PMD, Seating and/or WOAs.
- If applicable, a brief description of where the equipment is to be used (example home, school, place of work, neighborhood, rural, city, train, etc...), including the accessibility of client's residence or non-institutional setting. Include if the equipment will be transported in a vehicle and how, as well as the capability of the client or caregiver to properly operate the equipment in these environments.
- A brief description of any anticipated changes in the client's physical size, medical or functional status which may require modifications to the equipment, and how the equipment will accommodate the client's needs over time. The recommended equipment should be capable of modification to meet the needs for anticipated improvement or deterioration of functional mobility when possible.
- Any additional documentation required for the other components of the wheelchair that are indicated in the *Covered Services and Limitations* section of each subpart of this benefit coverage standard.
- Detailed description of all manually priced items that are requested including manufacturer's retail pricing or invoice information with itemized pricing, including the description of the specific base, any attached seating system components, and any attached accessories.

NOTE: All basic documentation paperwork requires the signature of the ordering physician, indicating that he or she agrees with the recommendation, and has evaluated the client within



the past 12 months of signing and dating the required paperwork.

Exception: Basic documentation for repair and replacement of wheelchair parts and accessories does not require the signature of the ordering physician.

Specialty Evaluation Documentation Requirements:

Specialty evaluation is required for:

- A new CRT wheelchair or a replacement CRT wheelchair after the 5th year mark for adults and 3rd year mark for children.
- A new custom contoured seating system or modification
- An addition of power seating or alternative drive control to a wheelchair.

A specialty evaluation must be performed by a licensed/certified medical professional (such as a PT, OT, or physician) who has specific training and experience in Complex Rehab Technology (see Definitions) wheelchair evaluations. The documentation must demonstrate the medical necessity for each item that requires a specialty evaluation and include the following information **in addition to the *Basic Documentation Requirements* previously listed:**

- Date(s) of specialty evaluation; name and signature of licensed/certified medical professional completing the evaluation and assessment. A statement attesting that the person performing the assessment has no financial relationship with the DME provider should be included.
- A brief description of the specialty evaluation process that was completed, which includes a summary of the pertinent assessment findings/outcomes in the following assessment areas that apply:
 - Functional mobility, including transfers
 - Sitting balance/postural alignment.
 - Existence and severity of postural asymmetries
 - Sensory function, if impaired
 - Neuromusculoskeletal function (movement, muscle tone, coordination)
 - Mat exam (joint range of motion, deformities, orthopedic impairment), addressing the existence and severity of orthopedic deformities.
 - Equipment trials/simulations
- A description of the client's current mobility and/or seating equipment, how long the client has been using the current equipment and why it no longer meets the client needs.
- Information on any recent changes in the client's physical or functional status, and any



expected or potential surgeries that will improve or further limit mobility.

- If applicable, information regarding the client's seating and positioning needs and the specific seating equipment and accessories required to meet those needs.
- A summary of the type of mobility equipment that will best meet the client's medical and functional needs and an explanation of the basic and/or instrumental ADLs that will be possible with this equipment that would not be possible with a lower level or lower cost item.
- If applicable, documentation that supports why a tilt seat function is necessary to meet the client's medical and/or functional needs.
- If a client has a progressive disability, the documentation must indicate how the item will accommodate the client's needs over time. If a client is expected to grow, the wheelchair must have a growth potential.

NOTE: All specialty evaluation paperwork requires the signature of the ordering physician, indicating that he or she agrees with the recommendation and has evaluated the client within the past 12 months of signing and dating the required paperwork.

Non-Covered Services and General Limitations

Items for coverage are reviewed on a case-by-case basis using documentation that is submitted.

Approval decisions are based on the equipment that is the least costly alternative to meet the client's medical and functional needs. Approval will not be granted for equipment that is solely intended to allow the client to engage in leisure, recreational or social activities if this equipment is more costly than wheelchair seating which meets the client's medical and basic functional needs.

The Colorado Medical Assistance Program pays for some secondary/back-up equipment when there is a medical necessity and the services are not duplicative and being used for the same purpose as items already utilized by the client. Please see the **Primary, Secondary and Back-Up Mobility Devices** section on page 8 for details.

Any item that has not received a written coding verification from the Pricing, Data Analysis, and Coding (PDAC) contractor may be denied as not reasonable and necessary and will be reviewed on a case-by-case basis.

Replacement

Colorado Medicaid covers replacement of medically necessary items when:

- there is a change in the client's condition which warrants a new device; or



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- when reasonable wear and tear renders the item nonfunctional and not cost effective to repair, and there is coverage for the specific item available under the plan.

Clients age 21 and older are *eligible* for wheelchair replacement every five years. However, early replacement will be considered with documentation that demonstrates a medical or functional need, and why repairs or modifications to the current wheelchair are not sufficient.

Clients under the age of 21, while they are continuing growth and physical development, are *eligible* for wheelchair replacement every three years. However, early replacement will be considered with documentation that demonstrates a medical or functional need, and why repairs or modifications to the current wheelchair are not sufficient.

In both cases:

- Prior authorization documentation should include detailed information on evidence of need due to a change in the type or severity of the client's impairments in body structures or functions, or significant change in body size or weight.
- Equipment requested should accommodate current needs as well as anticipated future needs OR have the ability to be modified to accommodate changes when changes in the client's condition are foreseeable.

Projected repairs should not exceed the cost of new equipment.

NOTE: Exceptions to the replacement guidelines defined above will be made on a case by case basis for unforeseen changes in medical and/or physical condition.

Additional circumstances which may justify a replacement include:

- The equipment is stolen. Replacement of stolen equipment requires a police report that conforms to criteria outlined in the Colorado Revised Statutes 10 CCR 2505-10 § 8.590. The request for replacement must also include a statement that the theft was not covered by auto or homeowner's insurance.
- The equipment is damaged or destroyed in a motor vehicle accident. An official police report must be submitted with the replacement request. The request for replacement must also include a statement that the damage was not covered by auto or homeowner's insurance.
- The equipment has been damaged beyond repair in some manner, and is not the result of client misuse (see Definitions). The request for replacement must include an itemized price breakdown showing the cost to repair the wheelchair. The equipment must not be thrown away prior to the Department's replacement decision.



NOTE 1: All policies and prior approval requirements that apply to the purchase of the original wheelchair also apply to replacements

NOTE 2: Rendering providers are required to complete services of repair and replacement in a timely manner and advise the client on the estimated completion time.

Primary, Secondary, and Back-Up Mobility Devices

The PMD or MWB that a client uses the majority of the time in accommodated and/or non-accommodated environments to meet their daily medical and/or functional needs is referred to as their ***primary mobility device***. Purchase of a primary mobility device is approved upon recommendation after medical necessity for the device has been evaluated, assessed and well-documented by an appropriate provider.

A ***secondary mobility device*** is a PMD, MWB, stroller or walking aid that the client uses routinely a minority of time in situations in which they are unable to use their primary mobility device to meet their medical and/or functional need. While the client's secondary mobility device is not used as frequently as their primary mobility device, the client requires it on a routine basis in accommodated and/or non-accommodated environments in order to perform basic and instrumental ADLs which cannot be performed using the primary mobility device. Decisions regarding purchase of a secondary mobility device are made on a case by case basis upon recommendation after medical necessity for the device has been evaluated, assessed and well-documented by an appropriate provider.

Duplicate services are not provided. If a client uses a PMD as the primary mobility device, Medicaid will not pay for another PMD to be used as the secondary mobility device. Likewise, if a client uses a MWB as the primary mobility device, Medicaid will not pay for the purchase of another MWB to be used as the secondary mobility device. If the client uses a stroller as the primary mobility device, Medicaid will not pay for another stroller to be used as the secondary mobility device. A stroller can serve as a secondary mobility device to either a PMD or a MWB.

A ***back-up mobility device*** is a client-owned PMD or MWB that is used infrequently as a back-up to the primary mobility device or secondary mobility device when either device requires repair or maintenance. Medicaid does not pay for the purchase of a back-up mobility device.

Medicaid may either pay for repair/modifications to an existing client-owned back-up device, OR the rental of a back-up device for clients who require only a primary mobility device. However, medical and/or functional need for a back-up mobility device must be established and be the least costly alternative. Repairs, rental, or modifications to a back-up mobility device are provided upon recommendation after medical necessity has been evaluated, assessed and well-documented by an appropriate provider (See the Repair and Rental sections for more details).



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Wheelchair Seating and WOAs for Primary, Secondary and Back-Up Mobility Devices

If a client owns a primary mobility device and a secondary mobility device (see Definitions), Colorado Medicaid may approve the purchase of a wheelchair seating system and/or WOAs for each device if the provider demonstrates medical necessity for the items to enable the client to perform basic and instrumental ADLs at home and/or in the community. Duplicate services will not be approved (i.e. purchase of two wheelchair seating systems for the same MWB or PMD).

In some limited situations, Medicaid may pay for repair, modifications, or replacement of wheelchair seating and/or WOAs used in an existing client-owned back up mobility device (see Definitions), if the medical and/or functional need for the back-up mobility device is established. Repairs, modifications, or replacement of the wheelchair seating and/or WOAs on a back-up mobility device are provided upon recommendation after medical necessity has been evaluated, assessed and well-documented by an appropriate provider, and there are no other less costly options to meet the client's medical and/or basic functional needs. (See the Repair and Rental sections for more details).

WHEELCHAIR BENEFIT COVERAGE STANDARD SUBPART 1: MANUAL WHEELCHAIR BASES -Draft

Covered Services and Limitations

MWBs will be considered for coverage if the client's condition or diagnosis is such that, without a MWB, he or she would be unable to sit or ambulate safely, timely and/or functionally. MWB requests for coverage are reviewed on a case-by-case basis based on documentation that is submitted. Approval decisions are based on the equipment that is the most appropriate and least costly option available that will meet the client's medical and basic functional needs.

Eligible clients may receive one new MWB to be used as their primary mode of mobility **OR** as a secondary mobility device to a powered mobility device (PMD). If a client owns a PMD, Colorado Medicaid may approve the purchase of a secondary MWB if the provider demonstrates medical necessity and a secondary MWB is required to enable the client to meet the basic and instrumental ADLs at home and/or in the community which cannot be completed with the use of their PMD. In addition, if a client owns a PMD or MWB, Colorado Medicaid may approve the purchase of a stroller or transport chair if the provider demonstrates medical necessity and a stroller or transport chair is required to enable the client to meet their basic and instrumental ADLs at home and/or in the community which cannot be completed with the use of their PMD or MWB. Clients are only eligible for one primary mobility device and one secondary mobility device when medically necessary. Requests for an additional wheelchair to be used solely as a backup in case the primary or secondary device requires repair will be denied as not medically



necessary if the patient's primary wheelchair is adequate to meet the medical need (See Primary, Secondary and Back-up Wheelchair section for further clarification).

Basic Coverage Criteria for a Manual Wheelchair Base:

A client is eligible for a MWB if the following basic coverage criteria are met:

- The client has a mobility limitation (see Definitions) that significantly impairs his/her ability to participate in basic and/or instrumental activities of daily living (ADLs and IADLs), in customary locations in the home and/or in the community or any non-institutional setting in which routine life activities take place;
- The client's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately ambulatory device;
- The client's home and/or community provides adequate access, maneuvering space, and surfaces for use of the MWB that is provided;
- Use of a MWB will significantly improve the client's ability to participate in basic and/or instrumental ADLs, and the patient will use it on a regular basis in the home and/or community;
- The client has not expressed an unwillingness to use the MWB that is provided in the home and/or community; **and**
 - The client has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair that is provided in the home and/or community during a typical day; **or**
 - The client has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

All MWB recommendations must demonstrate that the client meets the criteria in the Basic Coverage Criteria for a MWB outlined above **AND** the criteria outlined in the appropriate MWB category below to substantiate the client's functional and medical need.

Standard Manual Wheelchair

A standard manual wheelchair is a folding wheelchair that weighs more than 36 lbs., has a weight capacity of 250 lbs. and a seat to floor height of 19 inches or greater. Limited seat depth and widths are available. Most features on a standard manual wheelchair base are fixed including arm supports. Lower leg/foot supports are adjustable in length. A standard manual wheelchair does not have features to appropriately accept specialized seating or positioning and a limited number of options and accessories are available.

A Standard Manual Wheelchair is covered if:

- The client requires a MWB for short term use (less than 3 months) or infrequently (less than once a week); **and**



- The client does not require adjustability of the wheelchair frame to address their seating/postural or functional needs.

Standard Hemi (low seat) Wheelchair

A standard hemi manual wheelchair is a folding wheelchair that has a low seat-to-floor height of less than 19". Availability and adjustability of features are similar to a standard manual wheelchair.

A Standard Hemi-Wheelchair is covered if:

- The client is of short stature and requires a lower seat height (less than 19" but greater than 17") to facilitate transfers into and out of the wheelchair or to allow the client to accomplish basic and/or instrumental ADLs at home and/or in the community; **or**
- The client requires a shorter seat to floor distance allowing them to reach the floor with their feet in order to foot propel the MWB.

Lightweight Manual Wheelchair

A lightweight manual wheelchair is a folding wheelchair that typically weighs between 34 and 36 pounds and has similar features to a standard or hemi manual wheelchair. A lightweight manual wheelchair is available in multiple seat widths and depths. Most features on this wheelchair have limited adjustability including front and rear seat to floor heights, back support height, arm support height and rear wheel placement. A variety of options and accessories are available.

A Lightweight Manual Wheelchair is covered if:

- The client will use a manual wheelchair part-time or intermittently for more than 3 months or is expected to be a full time manual wheelchair user for less than one year;
- The client requires a size or feature available on a lightweight manual wheelchair to accommodate seating, positioning or functional mobility needs in order to accomplish basic and/or instrumental ADLs that is not available on a less costly or lower level MWB; **and**
 - o The client is capable of independently propelling a lightweight wheelchair to meet their basic and/or instrumental ADLs at home and/or in the community; **or**
 - o The client is not capable of independently propelling a lightweight wheelchair, but has identified seating needs that can only be accommodated with the available features on a lightweight wheelchair; **or**
 - o The client requires the removable rear wheel feature to allow safe stowing of the wheelchair in a vehicle.

High Strength Lightweight Wheelchair

A high strength lightweight wheelchair is a folding wheelchair that weighs between 30 and 34 pounds and has similar features as a lightweight manual wheelchair, with the exception of having



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a lifetime warranty on side frames and cross braces. Most features on this chair are adjustable and has adjustable position castor housing. There is greater adjustability of the rear axle plate and rear wheel placement as compared to a standard lightweight wheelchair. A variety of configurations, options and accessories are available.

A High Strength Lightweight Wheelchair is covered if:

- The client will use a manual wheelchair part-time or intermittently for more than 3 months or is expected to be a full time manual wheelchair user for less than one year;
- The client requires a size or feature available on a high strength lightweight manual wheelchair to accommodate seating, positioning or functional mobility needs in order to accomplish basic and/or instrumental ADLs that is not available on a less costly or lower level MWB; **and**
 - o The client is capable of independently propelling a high strength lightweight wheelchair to meet their basic and/or instrumental ADLs at home and/or in the community; **or**
 - o The client is not capable of independently propelling a lightweight wheelchair, but has identified seating and positioning needs that can only be accommodated with the available features on a high strength lightweight wheelchair; **or**
 - o The client requires the removable rear wheel feature to allow safe stowing of the wheelchair in a vehicle.

Ultra Lightweight Wheelchair

An ultra lightweight wheelchair is available in folding and rigid styles and weighs less than 30 pounds. Ultra lightweight wheelchairs vary from highly adjustable to custom configured with minimal adjustability, and are designed to meet highly individualized postural support and functional mobility needs.

An Ultra Lightweight Wheelchair is covered if:

- The client is expected to use a manual wheelchair on a regular basis for one year or longer;
- The client requires a specific configuration or feature available on an ultra lightweight manual wheelchair to accommodate seating, positioning or functional mobility needs in order to accomplish basic and/or instrumental ADLs that is not available on a less costly or lower level MWB; **and**
 - o The client is able to independently self-propel an ultra lightweight wheelchair to meet their basic and/or instrumental ADLs at home and/or in the community, and routinely performs advanced wheelchair skills such as wheelies, routinely encounters non-accommodated terrain or independently stows their wheelchair in a vehicle on a regular basis; **or**
 - o The client is a marginal self-propeller and an ultra lightweight wheelchair is the lightest



weight option that can facilitate independent mobility and function; **or**

- The client is not capable of independently propelling an ultra lightweight wheelchair, but has identified seating and positioning needs that can only be accommodated with the available features on an ultra lightweight wheelchair.

Heavy Duty Wheelchair

A Heavy Duty Manual Wheelchair has a weight capacity between 250 and 350 pounds and is reinforced to accommodate increased user weight.

A Heavy Duty Wheelchair is covered if:

- The client meets the weight requirements for the specific wheelchair requested; **and**
 - The client is able to independently self-propel the heavy duty wheelchair to accomplish their basic and/or instrumental ADLs at home and/or in the community; **or**
 - The client is not capable of independently propelling a heavy duty wheelchair, but has identified seating and positioning needs that can only be accommodated with the available features on a heavy duty wheelchair; **or**
 - The client has severe spasticity.
 - A client who does not meet the weight requirement but needs a heavy duty wheelchair to accommodate their width, can qualify.

Extra Heavy Duty Wheelchair

An Extra Heavy Duty Manual Wheelchair has a weight capacity greater than 350 pounds and is reinforced to accommodate increased user weight.

An Extra Heavy Duty Wheelchair is covered if:

- The client meets the weight requirements for the specific wheelchair requested; **and**
 - The client is able to independently self-propel the heavy duty wheelchair to accomplish their basic and/or instrumental ADLs at home and/or in the community; **or**
 - The client is not capable of independently propelling a heavy duty wheelchair, but has identified seating and positioning needs that can only be accommodated with the available features on a heavy duty wheelchair; **or**
 - The client has severe spasticity.
 - A client who does not meet the weight requirement but needs an extra heavy duty wheelchair to accommodate their width, can qualify.



Other Manual Wheelchair/Base

An Other Manual Wheelchair/Base has been uniquely constructed or substantially modified to meet the needs for a specific client. There must be customization of the frame for the wheelchair base to be considered customized. A need to add standard components or accessories to a wheelchair, or a need for an unusually large or small wheelchair is not considered customization.

An Other Manual Wheelchair/Base is covered if:

- The client is expected to use a manual wheelchair full time for one year or longer;
- The client requires a specific configuration or feature available on a custom manual wheelchair to accommodate seating, positioning or functional mobility needs in order to accomplish basic and/or instrumental ADLs that is not available on a less costly or lower level MWB; **and**
 - The client is able to independently self-propel the custom wheelchair to meet their basic and/or instrumental ADLs at home and/or in the community; **or**
 - The client is not capable of independently propelling a custom manual wheelchair, but has identified seating and positioning needs that can only be accommodated with the available features on a custom manual wheelchair.



Standard Reclining Wheelchair

A Standard Reclining Wheelchair has similar features to a standard or hemi manual wheelchair. In addition, the back of the wheelchair can move independently of the seat to provide a change in orientation by opening the seat-to-back support angle, allowing the client to assume a more recumbent position. The adjustable back support can either be maintained in a static position or it can be dynamic, allowing the client to move into full recline and back to the upright position. Recline mechanisms on manual wheelchairs utilize a manually activated hydraulic system that is typically managed by a caregiver.

A Standard Reclining Wheelchair is covered if:

- The client needs to perform basic and instrumental activities of daily living (including intermittent catheterization for bladder management) in a reclined position; **or**
- The client has significant trunk or hip musculoskeletal deformity or abnormal tone and must be reclined to maintain postural control or spinal alignment; **or**
- The client has trunk or lower extremity casts or braces that require the reclining feature for positioning; **or**
- The client is at increased risk of developing pressure sores with prolonged upright position and is unable to perform a functional weight shift; **or**
- The client has respiratory, digestive or cardiac dysfunction that is functionally improved with the recline feature; **or**
- The client has a need to rest in a recumbent position two or more times per day and has an inability to transfer between bed and wheelchair without assistance; **and**
- The client is not at high risk for skin breakdown due to shear; **and**
- There is a caregiver available to operate the manual recline.

Adult Sized Tilt-in-Space Wheelchair

An Adult Sized Tilt-in-Space Wheelchair has a seat width of 15 inches or greater and includes a mechanism to allow the entire seat to pivot on the frame, while maintaining a static seat-to-back support angle. A tilt-in-space function on a manual wheelchair allows the individual to move into a tilted position and to return to an upright position. Different mechanisms for tilt activation are available, dependent on the specific chair. The criteria below refer to manual tilt systems only.

An Adult Sized Tilt-in-Space wheelchair is covered if:

- The client is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; **or**
- The client has an impairment of speech, cardiovascular, respiratory, or digestive function that is functionally improved with the tilt feature; **or**



- Adjustable tilt is needed to manage orthostatic hypotension related to an impairment of cardiovascular, respiratory, or neuromusculoskeletal functions; **or**
- Adjustable tilt is needed to ensure the client can be transferred and/or positioned into and out of the wheelchair safely by a caregiver; **or**
- Adjustable tilt is needed to ensure the client can perform transfers into and out of the wheelchair independently, or re-position their body within the system with independence; **or**
- Adjustable tilt is needed to achieve or maintain a safe and healthy body alignment, and/or maintain postural stability, due to an impairment of neuromusculoskeletal functions and/or movement related functions (e.g. impairment of joint mobility, muscle strength, muscle tone, muscle endurance or motor coordination); **or**
- Adjustable tilt is needed to ensure the client is adequately positioned to perform or participate in basic or instrumental ADLs, such as eating, meal preparation, access to communication device grooming/hygiene, etc.; **or**
- The client requires frequent changes in orientation in space throughout the day to manage chronic, severe pain.

NOTE : A manual wheelchair with combination tilt and recline seat functions allows the entire seat to pivot on the frame while maintaining a constant seat to back support angle AND it also allows the back support to recline posteriorly, opening the seat to back support angle. A manual wheelchair with combination tilt and recline seat functions should be recommended when the individual's needs are not adequately met by tilt or recline alone. The client must meet the above stated criteria for a standard reclining wheelchair **and** a tilt-in-space wheelchair

Manual Standing Wheelchair

A manual standing wheelchair includes a mechanism to allow the wheelchair user to move from a sitting position to a standing position requiring passive hip and knee extension. Chair weight, weight capacity, adjustments, and availability of accessories vary by specific wheelchair.

A Manual Standing Wheelchair system is covered if:

- The client is an independent manual wheelchair propeller; **and**
- The client is able to demonstrate independent operation of the manual standing seat function; **and**
- The client is not at high risk for skin breakdown due to shear; **and**
 - o Use of a manual standing wheelchair reduces the need for outside caregiver assistance and enables the client to perform basic and instrumental ADLs in the home and/or community they would otherwise not be able to perform without the device;**or**



- o A medically prescribed standing program has been recommended which will benefit the client's body structures and function (including, but not limited to maintaining vital organ capacity, bone mineral density, circulation, and range of motion; reducing tone and spasticity; and reducing the occurrence of pressure sores and skeletal deformities) and the client is unable to independently transfer to an appropriately prescribed stand-alone standing frame and does not have access to a caregiver for assistance with transfers.

Pediatric Manual Wheelchair

A Pediatric Manual Wheelchair has a seat width or depth 14 inches or less and adjustable features that can accommodate specialized seating and positioning needs. Varied options for rear wheel size and configuration provides the client with the ability to self-propel or potential to self-propel. There is adjustability to grow the frame size to accommodate growth of the client over the expected lifetime of the wheelchair.

A Pediatric Manual Wheelchair is covered if:

- The client is a child or an adult of very small stature;
- The client requires a wheelchair width or depth of 14 inches or less;
- The client requires adjustability in the wheelchair frame to accommodate specialized seating and positioning equipment; and/or the client requires growth feature;
- The client spends more than 2 hours per day in the wheelchair; **and**
 - o The client can safely propel, or has the potential to self-propel the pediatric wheelchair to accomplish their basic and/or instrumental activities of daily living (ADLs and IADLs) at home and/or in the community; **or**
 - o The client is not capable of independently propelling a pediatric wheelchair, but has identified seating and positioning needs that can only be accommodated with the available features on a pediatric wheelchair.

Tilt-in-Space Pediatric Manual Wheelchair

A Pediatric Sized Tilt-in-Space Wheelchair has a seat width or depth of 14 inches or less and includes a mechanism to allow the entire seat to pivot on the frame, while maintaining a static seat-to-back support angle. A tilt-in-space seat function on a manual wheelchair allows the individual to move into a tilted position and to return to an upright position. Different mechanisms for tilt activation are available, dependent on the specific wheelchair. They include: 1) manual tilt activation by the wheelchair user, 2) manual tilt activation by a caregiver, 3) power tilt activation by the wheelchair user, and 4) power tilt activation by a caregiver.



A Pediatric Sized Tilt-in-Space Manual Wheelchair is covered if the client meets the basic criteria for pediatric manual wheelchair and the following criteria are met:

- The client is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; **or**
- The client has an impairment of speech, cardiovascular, respiratory, or digestive function that is functionally improved with the tilt feature; **or**
- Adjustable tilt is needed to manage orthostatic hypotension related to an impairment of cardiovascular, respiratory, or neuromusculoskeletal functions; **or**
- Adjustable tilt is needed to ensure the client can be transferred and/or positioned into and out of the wheelchair safely by a caregiver; **or**
- Adjustable tilt is needed to ensure the client can perform transfers into and out of the wheelchair independently, or re-position their body within the system with independence; **or**
- Adjustable tilt is needed to achieve or maintain a safe and healthy body alignment, and/or maintain postural stability, due to an impairment of neuromusculoskeletal functions and/or movement related functions (e.g. impairment of joint mobility, muscle strength, muscle tone, muscle endurance or motor coordination); **or**
- Adjustable tilt is needed to ensure the client is adequately positioned to perform or participate in basic or instrumental ADLs, such as eating, meal preparation, grooming/hygiene, etc.; **or**
- The client requires frequent changes in orientation in space throughout the day to manage chronic, severe pain.

Basic Adaptive Strollers

A Basic Adaptive Stroller is a dependent mobility base with small rear wheels which prevents the client's ability to independently self-propel. There are a wide range of sizes available accommodating very young children to grown adults. Seating/positioning features, if available, are integrated into the device; it is not designed to accept separate specialized seating or positioning components. A basic stroller has limited adjustability of frame size and features and limited adjustability to grow the frame size to accommodate growth of the client over the expected lifetime of the mobility base. A basic stroller generally weighs less and is easier to fold than a pediatric manual wheelchair making it appropriate for transportation and stowage needs.

A Basic Adaptive Stroller is covered if:

- The client spends less than 2 hours per day in the stroller; **and**
 - The client is not capable of independently propelling a pediatric wheelchair and does not have complex seating and positioning needs; **or**



- The client has identified impairments in body structure or function resulting in the client being a non-functional ambulator in the home and/or community due to pain and/or fatigue requiring mobility assistance; **or**
- The client requires dependent mobility in the home and/or community for safety reasons; **or**
- The client requires a secondary mobility device to a PMD or a MWB to provide access in the home and/or community to meet routine transportation, accessibility and stowage needs.

Transport Chairs/Rollabout Chairs: Including adult, pediatric and heavy duty sized

A Transport or Rollabout Chair has casters of at least 5 inches in diameter. Transport or Rollabout chairs are generally intended for intermittent dependent transport of a non-ambulatory person. They have limited adjustability and do not accept specialized seating supports; therefore are not intended to provide long term postural support.

NOTE: The wide range of chairs with smaller casters, which are found in general use in homes, offices, and institutions for many purposes do not meet the definition of durable medical equipment, in that they are not related to the care or treatment of clients with an impairment of body structure or function.

Adult and Pediatric Transport Chairs, and Rollabout Chairs are covered if:

- The client will spend less than 2 hours per day in the mobility device; **and**
 - The client is unable to self-propel a MWB or PMD and the client has a caregiver who is willing and able to operate the transport chair or rollabout chair; **or**
 - The client has identified impairments in body structure or function resulting in the client being a non-functional ambulator in the home and/or community due to pain and/or fatigue requiring mobility assistance; **or**
 - The client requires dependent mobility in the home and/or community for safety reasons; **or**
 - The client requires a secondary mobility device to a PMD or a MWB to provide access in the home and/or community to meet routine transportation, accessibility and stowage needs.



WHEELCHAIR BENEFIT COVERAGE STANDARD SUBPART 2:

POWER MOBILITY DEVICES – Draft

Covered Services and Limitations

PMDs will be considered for coverage if the client's condition or diagnosis is such that, without the PMD, he or she would be unable to access their home or community environments safely or entirely. PMD requests for coverage are reviewed on a case-by-case basis and approval is based on documentation submitted by the eligible provider.

PMDs refer to two categories of mobility devices, power operated vehicles (POVs) and power wheelchairs (PWCs). Each of these categories offer varying degrees of mobility options designed to accommodate individual needs. Approval for PMDs is based on thorough assessment documentation of the equipment that is the most appropriate and least costly option available that will meet the client's medical and functional needs.

POWER MOBILITY DEVICE CATEGORIES

The PMD categories for coverage include:

- Group 1 POV
 - Standard
 - Heavy Duty
 - Very Heavy Duty
- Group 2 POV
 - Standard
 - Heavy Duty
 - Very Heavy Duty
- Group 1 PWCs:
 - No Power Seating Option
- Group 2 PWCs:
 - No Power Seating Option
 - Single Power Seating Option
 - Multiple Power Seating Option
- Group 3 PWCs:
 - No Power Seating Option
 - Single Power Seating Option
 - Multiple Power Seating Option
- Group 4 PWCs:



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- No Power Seating Option
 - Single Power Seating Option
 - Multiple Power Seating Option
- Group 5 PWCs:
 - Single Power Seating Option
 - Multiple Power Seating Option

Basic Coverage Criteria for a Power Mobility Device

In addition to the criteria outlined in the following pages for specific POV or PWC recommendations, assessment documentation for all PMDs must demonstrate basic necessity for a mobility device that is inclusive of the following information:

- The client has a mobility limitation (see Definitions) that significantly impairs his/her ability to participate in basic and/or instrumental activities of daily living (ADLs and IADLs), in customary locations in the home or any non-institutional setting in which routine life activities take place.
- The client's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
- The client does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair (see Definitions) in the home or community to perform basic or instrumental ADLs during a typical day, including but not limited to:
 - Limitations of strength, endurance, range of motion, or coordination
 - Presence of pain, or deformity;
 - Absence of one or both upper extremities.
- The client has sufficient mental and physical capabilities (i.e. adequate range of motion, coordination, trunk control, appropriate judgment, cognitive skills, vision and perceptual abilities) to safely operate the PMD being requested. If the client is under 21 years of age, he or she demonstrates the potential to develop sufficient mental and physical capabilities with practice.
- The client's home or non-institutional community setting provides adequate access between rooms, maneuvering space, and surfaces for the operation of the PMD being requested.
- The client's condition is such that the requirement for a PMD is long-term, and the need is anticipated to be more than six months. PMDs are not medically necessary if the underlying condition is reversible and the medical justification does not support a long-term need. (Example: Requests for PMDs following lower extremity surgery which limit ambulation do not support medical necessity criteria for a powered mobility device.)
 - If a client requires a PMD for less than six months, the PMD can be rented.
- Use of a PMD will significantly improve the client's ability to participate in basic and/or instrumental ADLs, and the client will use it on a regular basis in the home and/or community.



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- The client has not expressed an unwillingness to use the PMD that is provided in the home and/or community setting.
- The client does not exceed, and is not at risk of exceeding the weight capacity of the recommended PMD.
- The recommended PMD should be intended for long-term use and capable of modification to meet the needs of anticipated improvement, deterioration, or change in height or weight for the lifetime of the device.

NOTE 1: If the client is dependent on a caregiver for mobility in a wheelchair, and the primary caregiver is unable to adequately push the client in an optimally configured manual wheelchair, a PWC may be provided if the caregiver is available, capable, and willing to safely operate the PWC being requested and assure it is cared for. However, a POV and a Group 4 PWC are deemed as not medically necessary in these situations and will be denied.

NOTE 2: All PMD recommendations must demonstrate that the **client meets the criteria in the Basic PMD Coverage Guidelines outlined above and the following criteria outlined in the appropriate PMD category** to substantiate the client's functional and medical need. Documentation should also include justification that indicates why a lower level or less costly PMD is not appropriate.

Coverage Criteria for Power Operated Vehicles

Group 1 Power Operated Vehicles

Group 1 POVs have the ability to operate primarily in accommodated environments (see Definitions). A typical user must be able to operate the tiller steering system, sit with good postural stability in van captain seating, and transfer into and out of the device with independence. Group 1 POVs are intended primarily for use on smooth, flat surfaces.

A Group 1 POV is covered if:

- The client is able to maintain postural stability in van captain seating while operating the POV;
- The client is able to operate a tiller steering system (see Definitions);
- The client is able to safely transfer into and out of the POV independently;
- The client performs basic and instrumental ADLs primarily in accommodated environments; **and**
- Based on diagnosis, prognosis, symptomatology (including rate of change of functional skills), the client is unlikely to require a change in steering mechanism, electronic adjustability or postural support for the lifetime of the device.

Group 2 Power Operated Vehicles

Group 2 POVs have the ability to operate in both accommodated and non-accommodated environments (see Definitions). A typical user must be able to operate the tiller steering system,



sit with good postural stability in van captain seating, and transfer into and out of the device with independence. Some Group 2 POVs can accommodate a power seat elevator. These devices are intended for extensive use in indoor and outdoor environments with a variety of terrain.

A Group 2 POV is covered if:

- The client is able to maintain postural stability in van captain seating while operating the POV;
- The client is able to operate a tiller steering system (see Definitions);
- The client is able to safely transfer into and out of the POV independently;
- The client performs basic and instrumental ADLs in both accommodated and non-accommodated environments for extended distance travel; **and**
- Based on diagnosis, prognosis, symptomatology (including rate of change of functional skills), the client is unlikely to require a change in steering mechanism, electronic adjustability or postural support for the lifetime of the device.

Coverage Criteria for Power Wheelchairs

Group 1 Power Wheelchairs

Group 1 PWCs have the ability to operate in accommodated environments only, traversing low level surfaces with minimal environmental barriers such as thresholds of approximately .75 inches. Group 1 PWCs are appropriate for clients with good postural stability who are unable to operate a tiller steering system and/or who cannot independently transfer in/out of a POV. Group 1 PWCs are operated with a standard proportional joystick, have no power seating options and are intended primarily for indoor use.

A Group 1 PWC is covered if:

- The client is unable to operate a POV safely and/or independently;
- The client performs basic and instrumental ADLs in accommodated environments;
- The client is able to operate a standard joystick;
- The client is able to maintain postural stability in van captain seating while operating the wheelchair;
- The client is able to maintain skin integrity through postural shifts, and therefore does not need a mechanical method of pressure relief; **and**
- Based on diagnosis, prognosis, symptomatology (including rate of change of functional skills), the client is unlikely to require a change in steering mechanism, electronic adjustability or postural support for the lifetime of the device.

Group 2 Power Wheelchairs

Group 2 PWCs have the ability to operate in accommodated environments for long distance travel, traversing thresholds no greater than 1.5 inches in height. In general, Group 2 PWCs have limited adaptability for upgrades beyond the initial design and coding parameters. Some



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Group 2 PWCs can accommodate upgrades in specialty seat cushions and back supports or tilt-in-space seating systems; however, the options available are limited and not always available. Group 2 PWCs may be inappropriate for clients who have significant seating and positioning needs, or who are expected to experience a change or progression in medical condition that would require additional seating or positioning functions. Group 2 PWCs can be operated with a standard proportional joystick, and are intended for daily mobility primarily indoors.

A Group 2, No Power Seating Option PWC is covered if:

- The client is able to operate a standard joystick;
- Based on diagnosis, prognosis, symptomatology (including rate of change of functional skills), the client is unlikely to require a change in steering mechanism, electronic adjustability or postural support for the lifetime of the device; **and**
- A Group 1 PWC does not meet the client's environmental or seating needs because *either*:
 - The primary use is for basic and/or instrumental ADLs taking place in accommodated environments and infrequent use in non-accommodated environments; **or**
 - The client has an impairment in body structures or functions and requires a seating and positioning system, other than van captain seating, which cannot be accommodated by a Group 1 PWC.

A Group 2, Single Power Seating Option PWC is covered if:

- The client meets all of the coverage guidelines for a Group 2, No Power Seating Option wheelchair; **and**
- The client requires a power tilt seating system, as outlined in the coverage guidelines for Power Tilt/Recline.

Group 3 Power Wheelchairs

Group 3 PWCs have the ability to operate in accommodated and non-accommodated environments for extended distances, traversing thresholds and curbs of approximately 2.25 inches in height. In general, Group 3 PWCs are designed for those who have specific, unique medical and functional needs that require an individually configured device with a specialized seating system and possibly a power tilt and/or power recline system. Group 3 PWCs can be operated with a standard proportional joystick, or can be upgraded to accommodate an alternate control system, such as head control, sip and puff, switch control, etc. These power wheelchairs will accommodate modifications to the seating configuration, drive control method, and electronics to meet the needs of clients whose functional needs are expected to change within the lifetime of the chair due to their diagnosis, prognosis or other symptomatology. This group of mobility devices is intended for daily mobility indoors and outdoors, primarily on smooth paved surfaces.



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A Group 3, No Power Seating Option PWC is covered if:

- The primary use is for basic and/or instrumental ADLs taking place in accommodated environments and non-accommodated environments; **or**
- The client has an impairment in body structures or functions (see Definitions) that requires an individually configured seating system that cannot be accommodated by a Group 2 PWC or other lower level PWC; **or**
- The client has a diagnosis, prognosis, or other symptomatology that will likely cause a change in the individual's functional abilities over the lifetime of the chair, requiring modifications to the seating configuration, drive control method, or chair electronics.

A Group 3, Single Power Seating Option PWC is covered if:

- The client meets all of the coverage guidelines for a Group 3, No Power Seating Option PWC; **and**
- The client requires *either* an alternate control system or a power seating system because:
 - o The client is unable to operate a standard proportional joystick and must use an alternate control system (See Definitions) such as head control, sip and puff, switch control, etc.; **or**
 - o The client requires a power tilt **or** power recline seating, as outlined in the coverage guidelines for Power Tilt/Recline.

A Group 3, Multiple Power Seating Option PWC is covered if:

- The client meet all of the coverage guidelines for a Group 3, No Power Seating Option PWC; **and**
- The client requires *either* a mounted ventilator or a power seating system because:
 - o The client has an impairment of respiratory functioning, and requires a ventilator mounted to the wheelchair; **or**
 - o The client needs a power tilt **and** power recline seating system, as outlined in the coverage guidelines for Power Tilt/Recline.

Group 4 Power Wheelchairs

Group 4 PWCs have the ability to operate in accommodated and non-accommodated environments at high speeds and over rough, varied and uneven surfaces that are regularly encountered, for extended distance travel. Group 4 PWCs can travel over barriers and thresholds of approximately 2.75 inches in height. In general, Group 4 PWCs are designed for those who have specific, unique medical and functional needs that require an individually configured device with a specialized seating system and possibly a power tilt and/or power recline system. Group 4 PWCs can be operated with a standard proportional joystick, or can be upgraded to accommodate an alternate control system, such as head control, sip and puff, switch control, etc. These power wheelchairs will accommodate modifications to the seating configuration, drive control method, and electronics to meet the needs of clients whose functional needs are expected to change within the lifetime of the chair due to their diagnosis, prognosis or other



symptomatology. This group of mobility devices is intended for extensive daily use in indoor and outdoor environments with a variety of terrain.

A Group 4, No Power Seating Option PWC is covered if:

- The primary use is for basic and/or instrumental ADLs taking place in accommodated environments and extensive use in non-accommodated environments to include rough, varied, or uneven surfaces that are regularly encountered and that cannot be accommodated by a Group 3 PWC or other lower level PWC; **and either**
 - o The client has an impairment in body structures or functions and requires an individually configured seating system; **or**
 - o The client has a diagnosis, prognosis, or other symptomatology that will likely cause a change in the individual's functional abilities over the lifetime of the chair, requiring modifications to the seating configuration, drive control method, or chair electronics.

A Group 4, Single Power Seating Option PWC is covered if:

- The client meets all of the coverage criteria for a Group 4, No Power Seating Option PWC; **and**
- The client requires *either* an alternate control system or a power seating system because:
 - o The client is unable to operate a standard proportional joystick and must use an alternate control system (See Definitions) such as head control, sip and puff, switch control, etc.; **or**
 - o The client requires a power tilt **or** power recline seating, as outlined in the coverage guidelines for Power Tilt/Recline.

A Group 4, Multiple Power Seating Option PWC is covered if:

- The client meets all of the coverage criteria for a Group 4, No Power Seating Option PWC; **and**
- The client requires *either* a mounted ventilator or a power seating system because:
 - o The client has an impairment of respiratory functioning, and requires a ventilator mounted to the wheelchair; **or**
 - o The client needs a power tilt **and** power recline seating system, as outlined in the coverage guidelines for Power Tilt/Recline.



Group 5 Power Wheelchairs

Group 5 PWCs have the ability to operate in accommodated and non-accommodated environments for extended distances. In general, Group 5 PWCs are designed for individuals who have specific, unique medical and functional needs and require a small wheelchair base or seating system, or specialized power functions, that are not available on other PWCs. A Group 5 PWC may also accommodate a power tilt and/or power recline system. Group 5 PWCs can be operated with a standard proportional joystick, or can be upgraded to accommodate alternate drive controls such as head control, sip and puff, switch control, etc. These power wheelchairs will accommodate modifications to the seating configuration, drive control method, and electronics to meet the needs of clients whose functional needs are expected to change within the lifetime of the chair due to their diagnosis, prognosis or other symptomatology. This group of mobility devices is intended for daily mobility indoors and outdoors, primarily on smooth paved surfaces.

A Group 5, Single Power Option PWC is covered if:

- The client has developmental or medical needs and requires the special features of a Group 5 PWC which cannot be accommodated by a lower level PWC, such as very low seat to floor height, overall small base size, and/or growth capabilities;
- The primary use is for basic and/or instrumental ADLs taking place in in accommodated environments and occasional use in non-accommodated environments; **and**
- The client requires *either* an alternate control system or a power seating system because:
 - o The client is unable to operate a standard proportional joystick and must use an alternate control system (See Definitions) such as head control, sip and puff, switch control, etc.;
 - or**
 - o The client requires a power tilt **or** power recline seating, as outlined in the coverage guidelines for Power Tilt/Recline.

A Group 5, Multiple Power Seating Option PWC is covered if:

- The primary use is for basic and/or instrumental ADLs taking place in in accommodated environments and occasional use in non-accommodated environments; **and**
- The client has an impairment in body structures or functions and requires the power seat-to-floor function to meet developmental and/or medical needs.

NOTE: Refer to the Wheelchair Options and Accessories document for more specific coverage criteria related to the power seat-to-floor function.

Coverage Criteria for Power Tilt or Power Recline Systems

Power tilt or power recline systems are designed to accommodate various medical needs, including any one or combination of the following:

- The client is at high risk for developing a pressure ulcer and is unable to independently perform a functional weight shift;



- The client utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed;
- The client has an impairment of speech, cardiovascular, respiratory, or digestive function that is functionally improved with the tilt or recline feature;
- Power tilt or recline is needed to manage orthostatic hypotension related to an impairment of cardiovascular, respiratory, or neuromusculoskeletal functions;
- Power tilt or recline is needed to ensure the client can be transferred and/or positioned into and out of the wheelchair safely by a caregiver;
- Power tilt or recline is needed to ensure the client can perform transfers into and out of the wheelchair independently, or independently re-position their body within the system;
- Power tilt or recline is needed to achieve or maintain a safe and healthy body alignment, and/or maintain postural stability, due to an impairment of neuromusculoskeletal and/or movement related functions (e.g. impairment of joint mobility, muscle strength, muscle tone, muscle endurance or motor coordination);
- Power tilt or recline is needed to ensure the client is adequately positioned to perform or participate in basic or instrumental ADLs, such as eating, meal preparation, grooming/hygiene, etc.; **or**
- The client requires frequent changes in orientation in space and/or joint position throughout the day to manage chronic, severe pain.

Non-Covered Services and General Limitations

Duplicate services will not be approved (i.e.: purchase of two PMDs coded in the same HCPC category).

Requests for heavy duty, very heavy duty, or extra heavy duty PWCs or POVs for clients whose weight is outside the optimal weight range of the mobility device will be denied, as they are not considered to be reasonable and necessary, i.e., heavy duty: 285–400 pounds, very heavy duty: 428–600 pounds, extra heavy duty: 570 pounds or more.

All-terrain PMDs are not considered a medical necessity by standard medical practice, and will not be covered.

PMDs that have stair-climbing capability are not considered a medical necessity by standard medical practice, and will not be covered.



WHEELCHAIR BENEFIT COVERAGE STANDARD SUBPART 3: WHEELCHAIR SEATING - Draft

Covered Services and Limitations

Items for coverage are reviewed on a case-by-case basis and approval is based on documentation submitted by the eligible provider. Wheelchair seating devices will be considered for coverage if the patient's condition or diagnosis is such that, without the recommended seating device, he or she would be unable to sit in, and use a MWB or PMD safely and functionally, and without declines in health conditions.

There are different types of wheelchair seating devices available to clients, each with varying capabilities designed to accommodate different needs. Approval for wheelchair seating equipment is based on thorough assessment documentation of the equipment that is the most appropriate and least costly option available that will meet the client's medical and functional needs.

Basic Coverage Criteria for Wheelchair Seating

In addition to the criteria outlined in the following pages for specific wheelchair seating devices, assessment documentation for all recommended equipment must demonstrate basic necessity for a wheelchair seating device that is inclusive of the following information:

- The client has a **mobility limitation** (see Definitions) that significantly impairs his/her ability to participate in basic and/or instrumental activities of daily living (ADLs and IADLs), in customary locations in the home or in any non-institutional setting in which routine life activities take place; **and**.
- The client's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker; **and**
- The client has a MWB or PMD with either a sling seat or back support, or a solid seat and back support pan, which meets Medicaid coverage criteria.

Wheelchair Seating Categories

- General Use Seat Cushion
- General Use Back Support
- Skin Protection Seat Cushion
- Positioning Seat Cushion
- Positioning Back Support
- Combination Skin Protection and Positioning Seat Cushion
- Custom Contoured Seat Cushion
- Custom Contoured Back Support
- Positioning Accessories
 - Lateral Trunk Support, Lateral Thigh/Knee Support or Lateral Pelvic Support
 - Medial Thigh/Knee Support
 - Anterior Shoulder Strap or Chest Strap



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- Anterior Abdominal Support
- Head Support
- Pelvic Belt
- Foot/Ankle Positioners
 - Heel Loop
 - Shoe Holder
 - Toe Loop
 - Leg/Ankle Strap
- Arm Trough
- Skin Protection Cushion for Use in Devices Other Than a MWB or PMD

Coverage Criteria and Guidelines for Wheelchair Seating Devices

For all Wheelchair Seating equipment, with the exception of a *Skin Protection Cushion to be Used in Devices Other Than a MWB or PMD*, recommendations must demonstrate that the **client meets the Basic Wheelchair Seating Coverage Criteria outlined above, as well as the following criteria outlined in the appropriate Wheelchair Seating category** to substantiate the client's functional and medical need. Documentation should also include justification that indicates why a lower level or less costly wheelchair seating device is not appropriate.

General Use Seat Cushion and General Use Back Support

A general use seat cushion is a static, prefabricated cushion with minimal contour that includes a removable cover and has other defined characteristics (see Definitions). A general use seat cushion is intended for use by a person who sits in their wheelchair for more than 2 hours per day, but who is at a low risk of skin breakdown and has minimal positioning needs.

A general use back support is a static, prefabricated cushion that can be planar or minimally contoured, includes a removable cover and has other defined characteristics (see Definitions). A general use back support is intended for use by a person who sits in their wheelchair for more than 2 hours per day, but who has minimal positioning needs.

A General Use Seat Cushion or General Use Back Support is covered if:

- The client will spend more than 2 hours per day in their wheelchair.

Skin Protection Seat Cushion

Skin protection seat cushions include both nonadjustable skin protection cushions and adjustable skin protection cushions. A skin protection seat cushion is a prefabricated cushion with moderate contour (minimum loaded contour depth of 40mm) that includes a removable cover and has other defined characteristics (see Definitions). A skin protection seat cushion is intended for use by a person who uses their wheelchair several hours a day, and is at risk of skin breakdown.



A skin protection seat cushion is covered if:

- The client has a history of decubitus ulcers on their buttocks or thighs; **or**
- The client is at high risk for developing a sitting-acquired decubitus ulcer due to absent or impaired sensation; **or**
- The client is at high risk for developing a sitting-acquired decubitus ulcer due to an inability to perform a functional weight shift; **or**
- The client is at high risk for developing a sitting-acquired decubitus ulcer due to other specified impairments in body structures or functions (see Definitions).

NOTE: Impairments of *body structures* relevant to the need for a skin protection seat cushion may include structures of the nervous system (e.g. brain, spinal cord or nerves); structures of the cardiovascular and respiratory systems; structures related to movement (e.g. head or neck region, shoulder region, upper extremities, trunk, lower extremities, or pelvis); and/or structures of the skin. Impairments in *body functions* relevant to the need for a skin protection seat cushion may include mental functions (e.g. cognition, memory, attention, or sequencing of complex movements); sensory functions and pain; functions of the cardiovascular and respiratory systems; neuromusculoskeletal and movement-related functions (e.g. joint mobility, muscle power, muscle tone, endurance, or the presence of involuntary movements) and/or functions of the skin.

Positioning Seat Cushion and Positioning Back Support

A positioning seat cushion (see Definitions) is a static, prefabricated seat cushion that has the same basic features as a general use seat cushion, but with additional support surfaces designed to provide greater contact to the pelvis (anteriorly or laterally) or thighs (medially or laterally) in order to help limit unwanted movement or maintain a desired position. A positioning seat cushion may have materials or components that can be added or removed to help address orthopedic deformities or postural asymmetries. A positioning seat cushion is intended for use by a person who uses their wheelchair full time, and has greater positioning needs.

A positioning back support is a static, prefabricated back support that has additional contour depth which may include both posterior and lateral support to the trunk, as well as other defined characteristics (see Definitions). A positioning back support may have materials or components that can be added or removed to help address orthopedic deformities or postural asymmetries. A positioning back support is intended for use by a person who uses their wheelchair several hours a day, and has greater positioning needs.

A positioning seat cushion or a positioning back support is covered if:

- The client has postural asymmetries which cannot be self-corrected due to an impairment in body structures or functions (see Definitions); **or**
- The client is at risk for developing postural asymmetries or orthopedic deformities due to impairment in body structures or functions.

NOTE: Impairments of *body structures* relevant to the need for a positioning seat cushion or positioning back support may include structures of the nervous system (e.g. brain, spinal cord



or nerves) and/or structures related to movement (e.g. head or neck region, shoulder region, upper extremities, trunk, lower extremities, or pelvis). Impairments in *body functions* relevant to the need for a positioning seat cushion or positioning back support may include mental functions (e.g. cognition, memory, attention, or sequencing of complex movements); sensory functions and pain; functions of the cardiovascular and respiratory systems, and/or neuromusculoskeletal and movement-related functions (e.g. joint mobility, muscle power, muscle tone, endurance, or the presence of involuntary movements).

Combination Skin Protection and Positioning Seat Cushion

A combination skin protection and positioning seat cushion is a static, prefabricated seat cushion which combines the characteristics of a skin protection seat cushion and a positioning seat cushion (see Definitions). A combination skin protection and positioning seat cushion is intended for use by a person who uses their wheelchair several hours a day, is at risk of skin breakdown and has greater positioning needs.

A combination skin protection and positioning seat cushion is covered if:

- The client meets the criteria outlined previously for both a skin protection seat cushion and a positioning seat cushion.

Custom Contoured Seat Cushion

A custom contoured seat cushion (see Definitions) is a cushion that has been individually made for a specific client using techniques designed to create support surface contours which match the unique body shape of the client. A custom contoured seat cushion is intended for use by a person who uses their wheelchair several hours a day, and who has significant postural asymmetries, postural instability and/or skin protection needs that cannot be adequately addressed with a prefabricated seat cushion.

A custom contoured seat cushion is covered if:

- The client meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion; **and**
- The client has significant postural asymmetries, orthopedic deformities, postural instability and/or skin protection needs that cannot be adequately addressed by either a prefabricated skin protection seat cushion or positioning seat cushion; **and**
- A Specialty Evaluation (see Definitions) is performed; **and**
- Documentation clearly indicates why a prefabricated seat cushion cannot adequately meet the client's medical and/or functional needs.

Custom Contoured Back Support

A custom contoured back support (see Definitions) is a back support that has been individually made for a specific client using techniques designed to create support surface contours which match the unique body shape of the client. A custom contoured back support is intended for use by a person who uses their wheelchair several hours a day, and who has significant postural asymmetries, postural instability and/or skin protection needs that cannot be adequately addressed with a prefabricated back support.



A custom contoured back support is covered if:

- The client meets all of the criteria for a prefabricated positioning back support; **and**
- The client has significant postural asymmetries, orthopedic deformities, postural instability and/or skin protection needs that cannot be adequately addressed by a prefabricated positioning back support; **and**
- A Specialty Evaluation (see Definitions) is performed; **and**

Positioning Accessories: Lateral Trunk Support, Lateral Knee Support or Lateral Pelvic Support; Medial Thigh/Knee Support; Anterior Shoulder Strap or Chest Strap

Positioning accessories include lateral trunk supports, lateral knee supports or lateral pelvic supports, medial knee/thigh supports, anterior shoulder straps or chest straps. These secondary supports are separate items designed to attach to the wheelchair frame, seat or back supports. Secondary supports are typically used to provide support or protection to the extremities (legs, arms, and head) or to help maintain a very specific posture or position of a certain body segment such as the trunk, buttocks/thighs or extremities. They are intended for use by clients with more significant postural support or injury protection needs.

A positioning accessory, such as a lateral trunk support, lateral knee support, lateral pelvic support, medial knee/thigh support, anterior shoulder strap or chest strap, is covered if:

- The client has postural asymmetries which cannot be self-corrected due to an impairment in body structures or functions (see Definitions); **or**
- The client is at risk for developing postural asymmetries or orthopedic deformities due to impairment in body structures or functions; **or**
- The client is unable to actively maintain a safe and functional position of their trunk and/or lower body due to impairments in specific body structures and/or functions; **or**
- The client is at risk of injury to the body or extremities without the positioning accessory.

Head Support

A head support is a seating support surface intended to contact the posterior and/or lateral aspects of a person's head. It is intended for use by clients who cannot maintain a safe and functional head position, or who need support in a reclined or tilted position.

A head support is covered if:

- The client has postural asymmetries or orthopedic deformities in the head/neck region which cannot be self-corrected due to an impairment in body structures and/or functions (see Definitions); **or**
- The client is unable to actively maintain a safe and functional position of their head due to impairments in body structures and/or functions; **or**
- The client has a covered manual or power tilt and/or recline system on an existing MWB or PMD; **or**



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Policy & Financing

- The client is transported on a bus, public transit vehicle, or private vehicle while sitting in the PMD or MWB, and must have support behind the head to prevent hyperextension injury to the neck when the vehicle comes to a sudden stop.

Pelvic Belt

A pelvic belt is an anterior pelvic support designed to contact the front part of the pelvis or hip area. It is typically intended for use with clients who are unable to maintain a safe and functional pelvic position when sitting in their MWB or PMD.

A pelvic belt is covered if:

- The client requires the pelvic belt in order to maintain adequate pelvic positioning and postural stability due to an impairment in body structures and/or functions (see Definitions); **or**
- The client requires a pelvic belt as a safety measure to prevent a fall from the PMD, MWB, or stroller during use.

Foot/Ankle Positioners: Heel Loop, Toe Loop, Shoe Holder, Leg/Ankle Strap

A heel loop is a flexible, posterior support or strap designed to contact the back of the heel to help maintain the user's foot on the foot support.

A toe loop is a flexible, superior support or strap intended to contact the top of the foot in the area of the toes, to help maintain the user's foot in the proper position on the foot support.

A leg/ankle strap is a flexible anterior support intended to contact the front of the ankle in order to help maintain the user's foot on the foot support.

A shoe holder is a foot positioning device that typically has an inferior surface as well as posterior, lateral and medial walls. It is intended to maintain the user's foot in a specific position on the foot support.

A heel loop, toe loop, shoe holder, or leg/ankle strap is covered if:

- The client requires the positioning device in order to maintain their foot on the foot support in a position which supports safe and adequate function, due to an impairment in body structures or functions (see Definitions).

NOTE: A pelvic belt, anterior shoulder or chest strap, ankle strap, heel loop, toe loop, or shoe holder are covered only to treat a client's need for postural support and safety. These items are not covered when used as a physical restraint for the purpose of discipline or the convenience of others.



Arm Troughs

An arm trough is a special type of arm support which incorporates posterior, medial and/or lateral support surfaces. An arm trough provides greater support to the upper extremity than a standard arm rest pad, and is intended for use by clients with muscle weakness, paralysis or abnormal muscle tone in the upper extremities.

An Arm Trough is covered if:

- The client is unable to maintain their forearm on a standard flat arm support due to an impairment in body structures or functions (see Definitions); **and**
- The client requires the additional features of an arm trough for adequate positioning, function and/or safety which cannot be provided by a standard arm support pad.

Skin Protection Cushion for Use in Devices Other Than a MWB or PMD

A skin protection cushion is covered for use with a chair other than a MWB or PMD if all of the following criteria are met:

- All of the Eligible Clients criteria are met;
- The client has a mobility limitation (see Definitions) that significantly impairs his/her ability to participate in basic and/or instrumental activities of daily living (ADLs and IADLs), in customary locations in the home or in any non-institutional setting in which routine life activities take place;
- The client sits in another chair, such as a recliner or vehicle seat for more than 2 hours per day on a regular basis; **and**
 - o The client has a history of decubitus ulcers on their buttocks or thighs; **or**
 - o The client is at high risk for developing a sitting-acquired decubitus ulcer due to absent or impaired sensation; **or**
 - o The client is at high risk for developing a sitting-acquired decubitus ulcer due to an inability to perform a functional weight shift; **or**
 - o The client is at high risk for developing a sitting-acquired decubitus ulcer due to other specified impairments in body structures or functions (see Definitions).

NOTE: Impairments of body structures relevant to the need for a skin protection seat cushion may include structures of the nervous system (e.g. brain, spinal cord or nerves); structures of the cardiovascular and respiratory systems; structures related to movement (e.g. head or neck region, shoulder region, upper extremities, trunk, lower extremities, or pelvis); and/or structures of the skin. Impairments in body functions relevant to the need for a skin protection seat cushion may include mental functions (e.g. cognition, memory, attention, or sequencing of complex movements); sensory functions and pain; functions of the cardiovascular and respiratory systems; neuromusculoskeletal and movement-related functions (e.g. joint mobility, muscle power, muscle tone, endurance, or the presence of involuntary movements) and/or functions of the skin.



Non-Covered Services and General Limitations

If a seat cushion or back support is provided for use with a transport chair or a PMD with a captain's seat, it is considered a comfort item and will be denied as not reasonable and necessary in this circumstance.

Powered Seat Cushion

The effectiveness of a powered seat cushion has not been established. Claims for a powered seat cushion will be denied as not reasonable and necessary.

WHEELCHAIR BENEFIT COVERAGE STANDARD SUBPART 4: WHEELCHAIR OPTIONS/ACCESSORIES – Draft

Covered Services and Limitations

A WO/A will be considered for coverage if the client's condition or diagnosis is such that, without the option or accessory, he or she would be unable to access their home or community environments safely or entirely. WO/A requests for coverage are reviewed on a case-by-case basis and approval is based on documentation submitted by the eligible provider. Approval decisions are based on the equipment that is the most appropriate and least costly alternative to meet the client's medical and functional needs.

Basic WO/A Coverage Criteria:

A client is eligible for a WO/A if all of the following basic criteria are met:

- The client has a mobility limitation (see Definition section) that significantly impairs his/her ability to participate in basic and/or instrumental activities of daily living (ADLs and IADLs), in customary locations in the home or any non-institutional setting in which routine life activities take place;
- The client meets the basic criteria for covered services for a power mobility device (PMD) or manual wheelchair base (MWB). Refer to PMD or MWB benefit coverage standards for coverage criteria; **and**
- The client must have a wheelchair, or will be receiving a wheelchair that meets the coverage criteria established by Medicaid, and the WO/A itself must be medically necessary.

All WO/A recommendations must demonstrate that the client meets the criteria in the Basic WO/A Coverage Criteria outlined above **and** the criteria outlined in the appropriate WO/A category below to substantiate the client's functional and medical need.



Adjustable Seating Components-Manually Operated

Manual elevating legrests are covered if:

- The client has sufficient motor function to operate the manual elevation mechanism independently or has a caregiver who can operate the elevation mechanism; **and**
 - The client has a musculoskeletal condition or the presence of a cast or brace which limits range of motion at the knee; **or**
 - The client has significant edema of the lower extremities and requires elevation for management of symptoms; **or**
 - The client meets the criteria for and has a reclining back support or tilt on their wheelchair.

A manual elevating legrest with articulation is covered if:

- The client meets the criteria for a manual elevating legrest; **and**
 - The client requires even distribution of pressure over the seat surface while legs are elevated and an increase in pressure on the sacrum and coccyx is caused with non-articulating ELR's; **or**
 - The client must maintain a constant hip angle during elevation of the lower extremities in order to manage spasticity or maintain pelvic alignment.

A manual fully reclining back is covered if:

- The client is not at high risk for skin breakdown due to shear;
- There is a caregiver available to operate the manual recline; **and**
 - The client needs to perform basic and instrumental activities of daily living (including intermittent catheterization for bladder management) in a reclined position; **or**
 - The client has significant trunk or hip musculoskeletal deformity or abnormal tone and must be reclined to maintain postural control or spinal alignment; **or**
 - The client has trunk or lower extremity casts or braces that require the reclining feature for positioning; **or**
 - The client is at increased risk of developing sitting acquired decubitus ulcers with prolonged upright positioning and is unable to perform a functional weight shift; **or**
 - The client has respiratory, digestive or cardiac dysfunction that is functionally improved with the recline feature; **or**
 - The client has a need to rest in a recumbent position two or more times per day and has an inability to transfer between bed and wheelchair without assistance.



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Manual Swing away, retractable, or removable hardware is covered if:

- The client requires the specialized mounting hardware to move a body support device out of the way in order to either:
 - o Safely perform independent or assisted transfers; **or**
 - o Perform other basic or instrumental activities of daily living while in the wheelchair; **or**
 - o Allow the client's body to be adequately and safely positioned in the body support system; **or**
- The client requires the specialized mounting hardware to move a non-body support device (such as a joystick, switch or other control device) out of the way in order to either:
 - o Safely perform independent or assisted transfers; **or**
 - o Perform other basic or instrumental ADLs while in the wheelchair.

Adjustable Seating Components-Power Operated

A power elevating legrest is covered if:

- The client does not have sufficient upper extremity function or balance to operate manual elevating legrests; **and**
 - o The client has a musculoskeletal condition or the presence of a cast or brace which limits range of motion at the knee; **or**
 - o The client has significant edema of the lower extremities that requires elevation for management of symptoms; **or**
 - o The client experiences hypotensive episodes that require frequent positioning changes; **or**
 - o The client meets the criteria for and has a reclining back support or tilt on their wheelchair.

A power elevating legrest with articulation is covered if:

- The client meets the criteria for a power elevating legrest; **and**
 - o The client requires even distribution of pressure over the seat surface while legs are elevated and an increase in pressure on the sacrum and coccyx is caused with non-articulating ELR's; **or**
 - o The client must maintain a constant hip angle during elevation of the lower extremities in order to manage spasticity or maintain pelvic alignment.



A power center mount footrest is covered if:

- The client meets the criteria for power elevating legrest or power elevating legrest with articulation; and
 - The use of power elevating legrest or power elevating legrest with articulation creates accessibility problem (in the home, workplace, school, vehicle etc...) and such problem is mitigated with the use of a power center mount footrest.

A power seat elevation system is covered if:

- The client does not have the ability to stand or transfer independently;
 - The client does not have a full time care giver who can provide assistance with transfers; **and**
 - The client currently requires assistance with transfers across unequal surface heights, and as a result of having the power seat elevation system, the client will be able to transfer across unequal surface heights unassisted; **or**
- The client has limited range of reach of the upper extremities due to limited joint mobility, limited active range of motion, congenital deformity and/or short stature which prohibits independent performance of basic and instrumental ADLs in the home and/or community;
 - The client does not have a full time care giver who can provide assistance with basic and instrumental ADLs in the home and/or community; **and**
 - Provision of a power seat elevator enables the client to accomplish independent performance of basic and instrumental ADLs in the home and/or community.

A power seat to floor function is covered if the following criteria are met:

- The client is independently mobile on the floor, is of short stature or medically fragile, and requires this feature to independently transfer in and out of their wheelchair and is unable to perform other methods of transfers independently; **and**
- The client will routinely use the PWC for basic and/or instrumental ADLs in accommodated environments and/or non-accommodated environments; **or**
- The client requires a power seat to floor function to meet specific developmental and/or medical needs due to impairment in body structures or functions.

A power standing system is covered if:

- Client is an independent power wheelchair user; **and**
- Client is able to demonstrate independent operation of the power standing seat functions;
and



- Client is not at high risk for skin breakdown due to shear; **and**
 - o Use of a power standing wheelchair reduces the need for outside caregiver assistance and enables the client to perform basic and instrumental ADLs he/she would otherwise not be able to perform without the device; **or**
 - o A medically prescribed standing program has been recommended which will benefit the client's health and function (including, but not limited to maintaining vital organ capacity, bone mineral density, circulation, and range of motion; reducing spasticity; and reducing the occurrence of decubitus ulcers and skeletal deformity) and the client is unable to independently transfer to an appropriately prescribed stand-alone standing frame and does not have access to a caregiver for assistance with transfers.

A power tilt and/or recline system is covered if:

- The client is at high risk for developing a pressure ulcer and is unable to independently perform a functional weight shift;
- The client utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed;
- The client has an impairment of speech, cardiovascular, respiratory, or digestive function that is functionally improved with the tilt or recline feature;
- Power tilt or recline is needed to manage orthostatic hypotension related to an impairment of cardiovascular, respiratory, or neuromusculoskeletal functions;
- Power tilt or recline is needed to ensure the client can be transferred and/or positioned into and out of the wheelchair safely by a caregiver;
- Power tilt or recline is needed to ensure the client can perform transfers into and out of the wheelchair independently, or independently re-position their body within the system;
- Power tilt or recline is needed to achieve or maintain a safe and healthy body alignment, and/or maintain postural stability, due to an impairment of neuromusculoskeletal and/or movement related functions (e.g. impairment of joint mobility, muscle strength, muscle tone, muscle endurance or motor coordination);
- Power tilt or recline is needed to ensure the client is adequately positioned to perform or participate in basic or instrumental ADLs, such as eating, meal preparation, grooming/hygiene, etc; **or**
- The client requires frequent changes in orientation in space and/or joint position throughout the day to manage chronic, severe pain.

NOTE: If a combination of power tilt and recline is recommended, the evaluator must indicate why both seat functions are medically necessary and why power tilt or power recline alone is insufficient to meet the client's medical needs.



Power Tilt for a manual wheelchair will be covered if:

- The client meets the criteria for need of a power tilt system; **and**
- Client is able to demonstrate independent operation of the power tilt seat function; **and**
- The client requires a manual wheelchair base to meet their mobility needs in the home and/or community to perform basic and/or instrumental activities of daily living during a typical day.

PMD Drive Control Systems

Alternative drive control systems are covered if:

- The client is unable to operate a power wheelchair using a standard proportional joystick due to an impairment of body structures or functions; **and**
- The client has adequate cognition and physical abilities required to operate the wheelchair using the recommended alternative drive control system.

An attendant control is covered in place of, or in addition to, a client-operated drive control system if:

- The client is unable to propel a manual wheelchair or operate a power wheelchair and there is a primary caregiver who is unable to push the client in a manual wheelchair but is able to operate a power wheelchair with the client in it using an attendant control.
Conditions under which this would be considered medically necessary would include:
 - Size/weight of the client is significantly greater compared to the caregiver; **or**
 - The caregiver has a documented medical condition limiting their ability to push or pull a wheelchair with the client in it; **or**
 - The caregiver has a documented medical condition affecting their endurance or stamina which affects their ability to push a manual wheelchair with the client in it; **or**
- The client is able to operate the power wheelchair with an alternative drive control system but cannot maneuver the chair safely or effectively in certain environments or situations, and there is a primary caregiver who is able to take control of the wheelchair for safety reasons. Situations in which this would be considered necessary could include, but is not limited to:
 - Accessing tight or restrictive areas, such as a ramp into a motor vehicle or an elevator, which requires precise control of the wheelchair through a proportional drive attendant control; **or**



- The client is able to independently operate a power wheelchair, but has a medical condition that affects their ability to safely and effectively operate their power wheelchair at certain times of the day due to increasing fatigue or other fluctuation in medical condition.

An expandable controller is covered if:

- The client operates their power wheelchair with alternative drive control or a control device other than a standard proportional joystick due to an impairment in body structures or functions; **or**
- The client requires operation of two or more power seat functions through the joystick; **or**
- The client currently uses a standard joystick but it is anticipated they will require an alternative drive control due to a progressive condition within the lifetime of the wheelchair frame.

A remote stop switch is covered if:

- The client is a new wheelchair user who is learning to operate a power wheelchair and will require a remote stop switch for safety during the learning phase; **or**
- The client has a medical condition and an impairment in body functions or structures that affects their ability to reliably operate a power wheelchair on a consistent basis and a remote stop switch is required for safety reasons
- The client is unable to reliably operate a power wheelchair in certain environments and a remote stop switch is required for safety in these specific environments.

Other PMD WO/A

An electronic interface to allow a speech generating device (SGD) to be operated by the power wheelchair drive control system is covered if:

- The client uses alternative drive control to independently operate a power wheelchair, **and**
- The client has a covered and medically necessary SGD, **and**
- The client has limited access methods for operating auxiliary devices such as SGDs and computers, due to impairment in body structure and functions, and operation of these auxiliary devices is required for independent performance of basic and instrumental ADLs in the home and/or community



Power swing away hardware is covered if:

- The client requires access to a device for health or functional needs while seated in their wheelchair, and swing away hardware is needed to enable the client to both access the device and move the device out of the way; **and**
- The client has a significant level of impairment in body structures or functions and is not able to independently operate manual swing away hardware; **and**
- The client does not have access to a full time caregiver to assist with positioning of the device during the time in which the client is in the wheelchair; **and**
- The client has the ability to operate the power swing away hardware through an alternative access method.

Specialty Rear Wheel Options for MWBs

Ergonomic Handrims are covered if:

- The client does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair (see Definitions) with standard handrims and wheels in the home and/or community to perform basic or instrumental activities of daily living during a typical day;
 - Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function; **and**
- The client is able to independently and functionally propel with the addition of ergonomic handrims in the home and/or community to perform basic or instrumental activities of daily living during a typical day.

Handrims with projections are covered if:

- The client does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair (see Definitions) with standard handrims and wheels in the home and/or community to perform basic or instrumental activities of daily living during a typical day;
 - Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function; **and**
- The client is able to independently and functionally propel with the addition of handrims with projections in the home and/or community to perform basic or instrumental activities of daily living during a typical day.



One Arm Drive Controls are covered if:

- The client is unable to propel an optimally configured wheelchair (see Definitions) with standard drive wheels in the home and/or community to perform basic or instrumental activities of daily living during a typical day, due to an impairment in movement related functions in one arm (e.g. impairment of joint mobility, muscle strength, muscle tone, muscle endurance or motor coordination); **and**
- The client is able to independently and functionally propel with the addition of a one arm drive feature; **and**
- The need is expected to last at least 6 months.

A Push Rim Activated Power Assist Device or Other Power Add-Ons are covered if:

- All of the criteria for independent use of a PMD are met; **and**
- The client does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair (see Definitions) with standard wheels in the home and/or community to perform basic and/or instrumental activities of daily living during a typical day;
 - Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function; **and**
- The client is able to independently self-propel with the addition of Push Rim Activated Power Assist Wheels or Other Power Add Ons while in the home and/or community to perform routine life activities during a typical day.

NOTE 1: Provision of push rim activated power assist wheels or other power add-ons **and** a PMD will be considered duplication of services and will not be covered.



Specialty Drive Wheels: Gear Reduction Drive Wheel, Lever activated wheel drive is covered if:

- The client does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair (see Definitions) with standard wheels in the home and/or community to perform routine life activities during a typical day;
 - o Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function; **and**
- The client is able to independently self-propel with the addition of a specialty drive wheel in the home and/or community to perform routine life activities during a typical day.

Miscellaneous WO/A

An anti-rollback device is covered if:

- The client is able to self-propel a manual wheelchair independently in accommodated environments; **and**
- The client requires this device to assist with independent propulsion up ramps and on un-accommodated environments.

A crutch or cane holder is covered if:

- The client requires a cane or crutches to perform safe and independent transfers in to or out of the wheelchair; **or**
- The client is able to ambulate for short, non-functional distances and requires the use of a cane or crutches for safe ambulation to complete basic and instrumental activities of daily living.

A Cup Holder is covered if:

- The client cannot independently access a cup due to an impairment in body structures or functions; **and**
- The client does not have a full time care giver who can assist with providing fluids during the time in which the client is in the wheelchair; **and**
- The client requires regular fluid intake due to medical reasons.

A Lap Tray is covered if:

- The client's performance of basic and/or instrumental ADLs such as eating or engaging in fine motor activities requires this feature; **or**
- The client requires additional trunk and/or upper extremity support provided by the lap tray, **or**



- The client has uncontrolled movements of the upper extremities and requires the lap tray for protection and/or to prevent injuries.

A Light Package is covered if:

- The client routinely uses a power wheelchair for basic and instrumental ADLs in the community at night or in darkened environments; **and**
 - The client requires lights to increase the client's visibility for safer control of the wheelchair and to improve visibility of the wheelchair; **or**
 - The client requires lights for safe navigation on/off public transportation lifts/ramps at night.

A residual limb support is covered if:

- The recipient has had an amputation or deformity of the lower extremity and the limb cannot be supported on a standard legrest.

Shock absorbers are covered if:

- Client routinely uses the wheelchair in outdoor community environments in non-accommodated environments on a regular basis in order to perform routine basic and instrumental ADLs; **and**
 - Client has muscle spasms or myoclonus which is triggered/worsened/exacerbated with vibration/jarring of wheelchair and a reduction of vibration and jarring with movement of the wheelchair results in a decrease of spasm/myoclonus; **or**
 - Client has chronic (over 6 months duration) pain in the neck, back and/or hips which is triggered/worsened/exacerbated with vibration/jarring of wheelchair and a reduction of vibration and jarring with movement of the wheelchair results in a decrease of pain.

A high speed motor package is covered if:

- The client routinely uses a power wheelchair for basic and instrumental ADLs in the community; **and**
- The client cannot complete those activities in a safe and timely manner without the addition of the high speed package.



Tie downs/transit options are covered if:

- The client requires transportation in the community to perform or participate in basic and instrumental activities of daily living such as, but not limited to, medical appointments, shopping, school etc.

A non-articulating ventilator tray is covered if:

- The client is dependent on mechanical ventilator support or another medically required device while the client is utilizing the wheelchair;
- The client does not require positional changes through the use of manual or power tilt and/or recline in their wheelchair.

An articulating ventilator tray is covered if:

- The client is dependent on mechanical ventilator support or another medically required device while the client is utilizing the wheelchair;
- The client uses manual or power tilt and/or recline for positional changes in their wheelchair and articulation is required to maintain an upright position of the medical device.



APPENDIX A: DEFINITIONS

Accommodated Environment

Ordinary indoor environments and mild outdoor terrain – including smooth, level surfaces (tile or low pile carpet), Americans with Disabilities Act Accessibility Guidelines (ADAAG) compliant ramps (no steeper than 1:12 rise to run ratio), thresholds of less than 1” in height, doorways that accommodate the passage of the wheeled mobility device with an additional 1” of clearance on each side of the device, paved surfaces.

Alternate Control System

A type of input device or system, other than a standard proportional joystick, used to operate a power wheelchair. An alternate control system may include proportional input devices (e.g., mini, compact, or short throw joysticks, touch pads, chin control, head control, etc.) or a non-proportional input device (e.g. digital head array, digital switch array, sip n puff, non-proportional joystick, etc.). Alternate control systems can only be used on power wheelchairs that accommodate expandable electronics.

Attendant Control

An attendant control is one which allows the caregiver to drive the wheelchair instead of the member. The attendant control is usually mounted on one of the rear canes of the wheelchair.

Basic Activity of Daily Living (ADL)

The term basic activity of daily living means an individual’s capacity to safely participate in mobility and self-care activities including—

- i. maintaining and changing body position;
- ii. transferring to or from one surface to another;
- iii. walking;
- iv. moving from place to place using mobility equipment, in a safe and timely manner;
- v. washing one’s self;
- vi. caring one’s body;
- vii. toileting;
- viii. dressing;
- ix. eating;
- x. drinking;
- xi. looking after one’s health; and
- xii. carrying, moving, and handling objects to perform and participate in other activities

Body functions

Body functions are the physiological functions of body systems (including psychological functions), which include:

- Mental functions (e.g. cognition, memory, attention, sleep)
- Sensory functions and pain (e.g. seeing, hearing, vestibular, taste, smell, touch)
- Voice and speech functions



- Functions of the cardiovascular, hematological, immunological and respiratory systems
- Functions of the digestive, metabolic and endocrine systems
- Genitourinary and reproductive functions
- Neuromusculoskeletal and movement-related functions (e.g. mobility/stability of joints and bones; muscle power, tone and endurance; motor reflexes; voluntary and involuntary movements)
- Functions of the skin and related structures (e.g. protective and repair functions of skin, skin sensation; hair and nails)

Body structures

Body structures are anatomical parts of the body such as organs, limbs and their components, which include:

- Structures of the nervous system (e.g. brain, spinal cord, sympathetic and parasympathetic nervous system)
- The eye, ear and related structures
- Structures involved in voice and speech (e.g. nose, mouth, larynx, pharynx)
- Structures of the cardiovascular, immunological and respiratory systems
- Structures related to the digestive, metabolic and endocrine systems
- Structures related to the genitourinary and reproductive systems
- Structures related to movement (e.g. head, neck, shoulder, upper extremity, pelvic region, lower extremity, trunk)
- Skin and related structures (e.g. skin, skin glands, nails, hair)

Complex Rehab Technology (CRT)

Complex Rehab Technology (CRT) means individually configured manual wheelchair systems, power wheelchair systems, adaptive seating systems, alternative positioning systems, standing frames, gait trainers, and specifically designed options and accessories classified as Durable Medical Equipment. CRT are individually configured for individuals to meet their specific and unique medical, physical, and functional needs and capacities for basic activities of daily living and instrumental activities of daily living, including employment, identified as medically necessary to promote mobility in the home and community or prevent hospitalization or institutionalization of the client; are primarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury.

Ergonomic Hand rims

Ergonomic Hand rims provide a modified surface for increased propulsion efficiency for individuals with limited grip strength or dexterity in their hands. These specialty hand rims are also utilized to protect thumbs and fingers from injury when propelling and also allow a more ergonomic grip and to decrease repetitive stress injury to the hands.

Expandable Controller



An electronic system that is capable of accommodating one or more of the following additional functions:

- proportional input devices (e.g., mini, compact, or short throw joysticks, touch pads, chin control, head control, etc.) other than a standard proportional joystick
- non-proportional input devices (e.g., sip-and-puff, head array, non-proportional joystick, single switch array)
- operate three or more powered seating actuators through the drive control

An expandable controller may also be able to operate one or more of the following:

- separate display (i.e., for alternative drive controls)
- other electronic devices (e.g., control of an augmentative speech device or computer through the chair's drive control)
- an attendant control

Impairments are problems in body function or structure such as a significant deviation or loss.

Instrumental Activity of Daily Living (IADL)

The term instrumental activity of daily living means an individual's capacity to safely participate in life situations in the home and community, including—

- a) communicating;
- b) moving around using transportation;
- c) acquiring necessities, goods, and services;
- d) performing household tasks;
- e) caring for household members and family members;
- f) caring for household objects;
- g) engaging in education, work, employment and economic life; and
- h) participating in community, social, and civic activities.

Interfaces for Power Wheelchairs

Interfaces are considered medically necessary for persons with medically necessary power wheelchairs, as appropriate depending upon the member's condition and ability to use the interface. The term interface describes the mechanism for controlling the movement of a power wheelchair. Examples of interfaces include, but are not limited to, joystick, sip and puff, chin control, head control, etc.

Lever-activated retrofitable wheelchair wheels

Retrofitable bi-manual, lever-activated, hub-based gear driven brake and reversible clutch transmission wheels (e.g., the Wijit® Tetra™ and Voyager™ Driving and Braking Systems (DBS®)) are activated by a lever mounted to the rear wheel hub that contains the transmission, gears and braking system. By pulling the levers inward towards the body, the brakes will engage. The Wijit Driving and Braking System (DBS) is a totally mechanical alternative



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propulsion system for manual wheelchairs. This driving and braking system is integrated into the wheel and attached to the wheelchair through its axle. The Wijit is intended to enable users to negotiate slopes and inclines, uneven terrain, and environmental obstacles and resistant surfaces. When compared to use of traditional push-rim wheels, the Wijit DBS is intended to increase the torque supplied to the wheels through leverage and gearing. According to the manufacturer, operators of the Wijit do not have to reach out and follow the push rim while attempting to grab and release a moving wheel. As such, their bodies remain upright most of the time. The manufacturer says this feature will reduce upper extremity injuries that occur with push-rim manual wheelchairs. According to the Centers for Medicare and Medicaid Services, HCPCS code E0958, "Manual wheelchair accessory, one-arm drive attachment, each", billed twice, adequately describes this product.

Misuse

Misuse means gross neglect and/or intentionally harmful utilization of DME, Supplies and Prosthetic or Orthotic Devices that results in the need for repairs and replacement. The member's specific and unique medical, physical, and functional needs and capacities for Basic and Instrumental Activities of Daily Living will be considered before assessing misuse.

Mobility Limitation

A limitation in mobility that will:

- a) Prevent the client from accomplishing a basic or instrumental ADL entirely; **or**
- b) Place the client at a reasonably determined heightened risk of morbidity or mortality or injury secondary to the attempts to perform the basic or instrumental ADL; **or**
- c) Prevent the client from completing a basic or instrumental ADL within a reasonable time frame.

Non-Accommodated Environment

Indoor environments with thick carpeting or higher than 1" thresholds or transitions between floor surfaces, outdoor environments with non ADAAG compliant ramps (steeper than a 1:12 ratio) or hills in the natural environment, curbs or gravel, grassy surfaces that are not level.

One-arm Drive

A One arm drive allows a manual wheelchair user to self-propel in a forward motion with only one upper extremity. Those who use this option generally use one or more feet at a hemi-height seat level to self-propel.

Optimally Configured Manual Wheelchair

A manual wheelchair with an appropriate wheelbase, device weight, seating options, and other appropriate non-powered accessories to meet a client's specific medical and functional needs.

Power add-ons to manual wheelchairs



A power add-on is used to convert a manual wheelchair to a motorized wheelchair (e.g., an add-on to convert a manual wheelchair to a joystick-controlled power mobility device or to a tiller-controlled power mobility device).

Power Elevating Legrest

A power elevating legrest involves a dedicated motor and related electronics with or without variable speed programmability which allows the leg rest to be raised and lowered independently of the recline and/or tilt of the seating system. It includes a switch control which may or may not be integrated with the power tilt and/or recline control(s).

Primary Mobility Device

The PMD or MWB that a client uses the majority of the time in accommodated and/or non-accommodated environments to meet their daily medical and/or functional needs is referred to as their *primary mobility device*.

Secondary Mobility Device

A *secondary mobility device* is a PMD, MWB, stroller or walking aid that the client uses routinely a minority of time in situations in which he or she is unable to use their primary mobility device to meet their medical and/or functional need. While the client's secondary mobility device is not used as frequently as their primary mobility device, the client requires it on a routine basis in accommodated and/or non-accommodated environments in order to perform basic and instrumental ADLs which cannot be performed using the primary mobility device.

Specialty Evaluation

A specialty evaluation is an assessment performed by a licensed/certified medical professional (such as a PT, OT, or physician) who has no financial relationship with the DME supplier and who has specific training and experience in complex rehab technology wheelchair evaluations. The evaluation includes the physical and functional evaluation, treatment plan, goal setting, preliminary device feature determination, trials/simulations, fittings, function related training, determination of outcomes, and related follow-up. This evaluation is usually performed in conjunction with an equipment supplier who is a RESNA-certified Assistive Technology Professional (ATP), and who assists with the home environment accessibility survey, system configuration, fitting, adjustments, programming, and product related follow up.

Standard Proportional Joystick

A standard proportional joystick is a device typically found on PWCs to operate speed and directionality. The stick-like device transforms the user's drive command (i.e., a physical action initiated by the wheelchair user) into a corresponding and comparative movement of the wheelchair, both in direction and in speed. The user can move the joystick within a 360 degree array, and the speed of the chair increases gradually as the stick is moved away from the neutral position, and it slows gradually as the joystick is returned to the neutral position. Therefore, the proportional joystick allows the user to make both a non-discrete directional command and a non-discrete speed command.



Switches for Power Wheelchairs:

A switch is an electronic device which turns power to a particular function either "on" or "off". The external component of a switch may be either mechanical or non-mechanical.

Mechanical switches involve physical contact in order to be activated. Examples of the external components of mechanical switches include, but are not limited to, toggle, button, ribbon, etc. Examples of the external components of non-mechanical switches include, but are not limited to, proximity, infrared, etc.

Some power wheelchairs have multiple switches. In those situations, each functional switch may have its own external component or multiple functional switches may be integrated into a single external switch component or multiple functional switches may be integrated into the wheelchair control interface without having a distinct external switch component.

A stop switch allows for an emergency stop when a wheelchair with a non-proportional interface is operating in the latched mode. (Latched mode is when the wheelchair continues to move without the user having to continually activate the interface.) This switch is sometimes referred to as a kill switch.

Tiller Steering System

The Tiller Steering System is the mechanism used to maneuver a Power Operated Vehicle (POV) or mobility scooter. The tiller is the steering column located at the front of the POV that provides forward/reverse directions, turns, and speed controls. Users turn the POV to the left or right directions by pulling or pushing the handles on the steering columns. The forward, reverse and speed controls are operated using thumb paddles, finger controls, or a switch. To operate a tiller steering system, the user must have a stable and upright posture, and some upper body mobility and strength in the trunk, shoulders, and hands.

Van captain seating

Seating typically found on a Power Operated Vehicle (POV), Group 1 PWC, and most Group 2 PWCs. The seating consists of a one or two-piece automotive-style seat with rigid frame, cushioning material in both seat and back sections, covered in cloth, vinyl, leather or upholstery. The seating system is designed to serve as a complete seating, support, and cushioning system for the user. It may have armrests that can be fixed, swing-away, or detachable. It may or may not have a headrest, either integrated or separate.

Manual Wheelchair Code Group Definitions

Standard Manual Wheelchair

A Standard Manual Wheelchair is defined as a manual wheelchair that:

- Weighs more than 36 pounds.



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- Does not have features to appropriately accept specialized seating or positioning.
- Has a weight capacity of 250 pounds or less.
- Has a seat depth of between 15 and 19 inches.
- Has a seat width of between 15 and 19 inches.
- Has a seat to floor height of 19 inches or greater.
- Has either a fixed, swing away, or detachable arm support with a fixed height only.
- Has either a fixed, swing away or detachable foot support.

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Standard Hemi (low seat) Wheelchair

A Standard Hemi (low seat) Wheelchair is defined as a manual wheelchair that:

- Has the same features as a standard manual wheelchair, with the following exception:
 - Has a seat to floor height of less than 19 inches.

Lightweight Manual Wheelchair

A Lightweight Manual Wheelchair is defined as a manual wheelchair that:

- Has the same features as a standard or hemi manual wheelchair, with the following exceptions:
 - Weighs 34 to 36 pounds.
 - Has available arm support styles that are height adjustable.

High Strength Lightweight Wheelchair

A High Strength Lightweight Wheelchair is defined as a manual wheelchair that:

- Has the same features as a lightweight manual wheelchair, with the following exceptions:
 - Weighs 30 to 34 pounds.
 - Has a lifetime warranty on side frames and cross braces.

An Ultra Lightweight Wheelchair is defined as a manual wheelchair that:

- Weighs less than 30 lbs.
- Has one or more of the following features to appropriately accept specialized seating or positioning:
 - Adjustable seat-to-back support angle
 - Adjustable seat depth
 - Independently adjustable front and rear seat-to-floor height dimensions
 - Adjustable caster stem hardware
 - Adjustable rear axle
 - Adjustable wheel camber
 - Adjustable center of gravity
 - Lifetime warranty on side frames and cross braces

Heavy Duty Wheelchair

A Heavy Duty Wheelchair is defined as a manual wheelchair that:

- Can support a client weighing more than 250 pounds



Extra Heavy Duty Wheelchair

An Extra Heavy-Duty Wheelchair is defined as a manual wheelchair that:

- Can support a client weighing more than 350 lbs.

Other Manual Wheelchair/Base

An Other Manual Wheelchair/Base is defined as:

- Any manual wheelchair or base that doesn't fit within the specific guidelines for other HCPCS codes.

Standard Reclining Wheelchair

A Standard Reclining Wheelchair is defined as a manual wheelchair that:

- Has the same features as a standard or hemi manual wheelchair, with the following exception:
 - Has the ability to allow the back of the wheelchair to move independently of the seat to provide a change in orientation by opening the seat-to-back support angle greater than 80 degrees

Adult Sized Tilt-in-Space Wheelchair

An Adult Sized Tilt-in-Space Wheelchair is defined as a manual wheelchair that:

- Has the ability to tilt the frame of the wheelchair greater than or equal to 45 degrees from horizontal while maintaining a constant seat to back support angle to provide a change of orientation and redistribute pressure from one area (such as the buttocks and the thighs) to another area (such as the trunk and the head).
- Has a weight capacity of at least 250 pounds.
- Has a seat width or depth 15 inches or greater.

Pediatric Manual Wheelchair

A Pediatric Manual Wheelchair is defined as a manual wheelchair that:

- Has a seat width or depth 14 inches or less;
- Has the ability to adjust features to appropriately accept specialized seating or positioning;
- Has adjustability to grow the frame size to accommodate growth of the client over the expected lifetime of the wheelchair
- Provides the client with the ability to self-propel or potential to self-propel to accomplish basic and instrumental ADLs in the home and/or community

Tilt-in-Space Pediatric Manual Wheelchair



A Pediatric Sized Tilt-in-Space Wheelchair is defined as a manual wheelchair that:

- Has the ability to tilt the frame of the wheelchair greater than or equal to 45 degrees from horizontal while maintaining a constant seat to back support angle to provide a change of orientation and redistribute pressure from one area (such as the buttocks and the thighs) to another area (such as the trunk and the head).
- Has a seat width or depth 14 inches or less.

Basic Adaptive Strollers

A Basic Adaptive Stroller is defined as mobility base that:

- Is a dependent mobility base with small rear wheels not intended for independent self-propulsion;
- Is available in a wide range of sizes accommodating very young children to grown adults;
- Has limited adjustability of frame size and features;
- Does not accept separate specialized seating or positioning components; seating/positioning features, if available, are integrated into the device. ;
- Has limited adjustability to grow the frame size to accommodate growth of the client over the expected lifetime of the mobility base;
- Generally weighs less and is easier to fold than a pediatric manual wheelchair making it appropriate for transportation and stowage needs.

Transport Chairs/Rollabout Chairs: Including adult, pediatric and heavy duty sized

A Rollabout Chair is defined as a wheelchair that:

- Has casters of at least 5 inches in diameter and specifically designed to meet the needs of a client with an impairment of body structure or function

A Transport Chair is defined as a wheelchair that:

- Has casters of at least 5 inches in diameter and specifically designed to meet the needs of a client with an impairment of body structure or function
- A standard transport chair has a weight capacity of up to and including 300 pounds
- A heavy duty transport chair has a weight capacity greater than 300 pounds.

Definition of Power Mobility Device (PMD) Types

Power mobility device (PMD) refers to the following two categories:

1. Power operated vehicles (POVs):



Power operated vehicles (POVs), commonly known as “scooters”, are 3- or 4-wheeled non-highway motorized transportation systems for persons with impaired ambulation. These devices are operated by a tiller with a professionally manufactured basic seating system.

2. Power wheelchairs (PWCs):

A PWC is a professionally manufactured device that provides motorized wheeled mobility and body support specifically for individuals with impaired mobility. PWCs are four- or six-wheeled motorized vehicles whose steering is operated by an electronic device or joystick to control direction, turning, and alternative electronic functions, such as power seating options.

There are five groups of PWCs. Features related to range, speed, durability and obstacle-climb capabilities are used to differentiate the groups, as follows:

a. Group 1 PWC:

In general, the range, speed, durability, and obstacle climb capabilities of a Group 1 PWC make them appropriate primarily for light-duty, use in accommodated environments only. These chairs cannot accept seating and positioning items and have limited configurability in seating dimensions. They cannot accommodate an expandable controller, or an alternate control system. They may have cross-brace construction and they are typically intended to be portable.

b. Group 2 PWCs:

In general, the range, speed, durability, and obstacle climb capabilities of a Group 2 PWC make them appropriate primarily for daily use in accommodated environments and occasional use in non-accommodated environments. Some Group 2 PWCs can accommodate a seat platform that allows for the addition of specialty seat cushions and back supports. CMS defines a small subsection of Group 2 PWCs as being capable of accommodating power tilt, expandable electronics, and alternate control systems; however the vast majority of Group 2 coded PWCs cannot and do not meet this capability.

c. Group 3 PWCs:

In general, the range, speed, durability, and obstacle climb capabilities of a Group 3 PWC make them appropriate for daily use in accommodated environments and intermittent use in non-accommodated environments. A Group 3 PWC has more available options in the configurability of the seat dimensions than a Group 1 or 2 PWC, and the dimensions of the seating system can often be modified to meet a client’s changing needs. A Group 3 power wheelchair can accommodate a large array of seating and positioning items. A Group 3 PWC can be upgraded to accommodate an expandable controller and an alternate control system. These PWCs do not have cross-brace construction and they are not portable.

d. Group 4 PWCs:



In general, the range, speed, durability, and obstacle climb capabilities of a Group 4 power wheelchair make them appropriate primarily for extended use in accommodated and non-accommodated environments. A Group 4 PWC has more available options in the configurability of the seat dimensions than a Group 1 or 2 power wheelchair, and the dimensions of the seat system can be modified to meet a client's changing needs. A Group 4 power wheelchair can accommodate a large array of seating and positioning items. A Group 4 PWC can be upgraded to accommodate an expandable controller and an alternate control system. A Group 4 power wheelchair can travel at a minimum speed of 6 mph and has a minimum range of 16 miles per day, making them appropriate for extended use at high speeds in non-accommodated environments where varied, rough, and uneven terrain is regularly encountered. These PWCs do not have cross-brace construction and they are not portable.

e. Group 5 PWCs:

In general, the range, speed, durability, and obstacle climb capabilities of a Group 5 PWC make them appropriate for daily use in accommodated environments and intermittent use in non-accommodated environments.. A Group 5 Single Power Seating Option power PWC is appropriate for individuals who need the special developmental features of the chair, such as very low seat to floor height, overall small base size, and/or growth capabilities. A Group 5 Multi-Power Seating Option PWC is appropriate for individuals who require the specialized power seat functions not available on other power wheelchairs. A Group 5 PWC can accommodate a large array of seating and positioning items. A Group 5 PWC can be upgraded to accommodate an expandable controller and an alternate control system.

Definition of Power Seat Function Options for PWCs:

Various power seat function options are available for PWCs described in the previous section. Power seat function options describe the capability of the PWC to accept power tilt, recline, seat elevation, and/or standing systems. There are three power seat function options that are defined as follows:

1. No Power Seating Option Wheelchairs

No-power seating option PWCs do not have the capability to accept power tilt, power recline, power seat elevation, or a power standing system. If a PWC can **ONLY** accept power elevating legrests, it is considered to be a no-power seating option chair.

2. Single Power Seating Option Wheelchairs

Single-power seating option PWCs have the capability to accept and operate a power tilt **OR** power recline system, but not a combination of power tilt **AND** power recline. It may also be able to accommodate power elevating legrests, a power seat elevator, and/or a power standing system.



3. Multiple Power Seating Option Wheelchairs

Multiple-power seating option PWCs have the capability to accept and operate a combination power tilt **AND** power recline seating system. It may also be able to accommodate power elevating legrests, a power seat elevator, and/or a power standing system.

Definitions of Wheelchair Seating Equipment

Custom Contoured Seat Cushion and Custom Contoured Back Support

A custom contoured seat cushion or custom contoured back support is a static cushion that is individually made for a specific individual starting with basic materials including: (a) liquid foam or a block of foam and (b) sheets of fabric or liquid coating material. The complete cushion must be fabricated using molded-to-member-model technique, direct molded-to-member technique, CAD-CAM technology, or detailed measurements of the person used to create a carved foam cushion. The cushion must have a removable vapor permeable or waterproof cover or it must have a waterproof surface.

General Use Seat Cushion

A general use seat cushion is a static, prefabricated cushion that has the following characteristics:

- It is composed of foam, flexible cellular material, air, fluid or solid gel/elastomer or a combination of these materials; and
- It has the following minimum performance characteristics:
 - Simulation tests demonstrate a loaded contour depth of at least 25 mm with an overload deflection of at least 5 mm, or
 - Human subject tests demonstrate peak interface pressures that are less than 125% of those of a standard reference cushion at each of the 3 following anatomic locations: right and left ischial tuberosities and sacrum/coccyx, and
- Following fatigue testing simulating 12 months of use, overload testing does not demonstrate bottoming out; and
- It has a removable vapor permeable or waterproof cover or it has a waterproof surface; and
- The cushion and cover meet the minimum standards for the California Bulletin 117 for flame resistance; and
- It has a permanent label indicating the model and manufacturer, and
- It has a warranty that provides full replacement if the manufacturing defects are identified or the surface does not remain intact due to normal wear within 12 months.

General Use Back Support



A general use back support is a static, prefabricated cushion which has the following characteristics:

- It is composed of foam, flexible cellular material, or solid gel/elastomer; and
- It is planar or contoured; and
- It has a removable vapor permeable or water proof cover or it has a waterproof surface; and
- The cushion and cover meet the minimum standards for the California Bulletin 117 for flame resistance; and
- It has a permanent label indicating the model and manufacturer; and
- It has a warranty that provides full replacement if the manufacturing defects are identified or the surface does not remain intact due to normal wear within 12 months.

Skin Protection Seat Cushion

A skin protection seat cushion is a static, prefabricated cushion that has the following characteristics:

- The cushion must be:
 - Composed of 2 or more of the following materials: foam, flexible cellular material, air, fluid or solid gel/elastomer; or
 - A multi-compartment air cushion; or
 - A cushion composed of 2 or more types of foam with different stiffness of foam; and
- It has the following minimum performance characteristics:
 - Simulation tests demonstrate a loaded contour depth of at least 40 mm with an overload deflection of at least 5 mm; or
 - Human subject tests demonstrate peak interface pressures that are less than 90% of those of a standard reference cushion at each of the 3 following anatomic locations: right and left ischial tuberosities and sacrum/coccyx; and
- Following fatigue testing simulating 18 months of use, overload testing does not demonstrate bottoming out; and
- It has a removable vapor permeable or water proof cover or it has a waterproof surface; and
- The cushion and cover meet the minimum standards for the California Bulletin 117 for flame resistance; and
- It has a permanent label indicating the model and manufacturer; and
- It has a warranty that provides full replacement if the manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months.

Positioning Seat Cushion

A positioning seat cushion is a static, pre-fabricated cushion that has the following characteristics:



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- It is composed of foam, flexible cellular material, air, fluid or solid gel/elastomer, or any combination of these materials; and
- It has 2 or more of the following structural features:
 - A pre-ischial bar or ridge which is placed anterior to the ischial tuberosities and prevents forward migration of the pelvis,
 - Two lateral pelvic supports which are placed posterior to the trochanters and provide lateral stability to the pelvis,
 - A medical thigh support which is placed anterior to the trochanters and provides medial stability to the lower extremities,
 - Two lateral thigh supports which are placed anterior to the trochanters and provide lateral stability to the lower extremities.

The feature must be at least 25 mm in height in the pre-loaded state, from the lowest point of contact to the targeted body part to the highest point of contact; and

- It has the following minimum performance characteristics:
 - Simulation tests demonstrate a loaded contour depth of at least 25 mm with an overload deflection of at least 5 mm; or
 - Human subject tests demonstrate peak interface pressures that are less than 125% of those of a standard reference cushion at each of the 3 following anatomic locations: right and left ischial tuberosities and sacrum/coccyx; and
- Following fatigue testing simulating 18 months of use, overload testing does not demonstrate bottoming out; and
- It has a removable vapor permeable or water proof cover or it has a waterproof surface; and
- The cushion and cover meet the minimum standards for the California Bulletin 117 for flame resistance; and
- It has a permanent label indicating the model and manufacturer; and
- It has a warranty that provides full replacement if the manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months.

A positioning cushion may have materials or components that can be added or removed to help address orthopedic deformities or postural asymmetries.

Positioning Back Support

A positioning back support is a static, pre-fabricated cushion which provides all of the following features:

- Full back support, which starts in the sacral spine or pelvis and reaches the spine of the scapula; and
- Both posterior and lateral support; and
- One inch or more of posterior contour, either through pre-contouring or load-contouring; and
- Three inches or more of lateral support, either through pre-contouring or load contouring
- The cushion is:



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- Composed of 2 more of the following materials: foam, flexible cellular material, air, fluid or solid gel/elastomer, or
 - A multi-compartment air cushion; or
 - A cushion composed of 2 or more types of foam with different stiffness of foam; and
- It has a removable vapor permeable or water proof cover or it has a waterproof surface; and
- The cushion and cover meet the minimum standards for the California Bulletin 117 for flame resistance; and
- It has a permanent label indicating the model and manufacturer; and
- It has a warranty that provides full replacement if the manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months

Skin Protection and Positioning Cushion

A positioning and positioning cushion is a static, pre-fabricated cushion which provides all of the following features:

- The cushion must be:
 - Composed of 2 more of the following materials: foam, flexible cellular material, air, fluid or solid gel/elastomer, or
 - A multi-compartment air cushion; or
 - A cushion composed of 2 or more types of foam with different stiffness of foam; and
- It has 2 or more of the following structural features:
 - A pre-ischial bar or ridge which is placed anterior to the ischial tuberosities and prevents forward migration of the pelvis,
 - Two lateral pelvic supports which are placed posterior to the trochanters and provide lateral stability to the pelvis,
 - A medial thigh support which is placed anterior to the trochanters and provides medial stability to the lower extremities,
 - Two lateral thigh supports which are placed anterior to the trochanters and provide lateral stability to the lower extremities.
- The feature must be at least 25 mm in height in the pre-loaded state, from the lowest point of contact to the targeted body part to the highest point of contact; and
- It has materials and components which may be added or removed to help address orthopedic deformities or postural asymmetries; and
- It has the following minimum performance characteristics:
 - Simulation tests demonstrate a loaded contour depth of at least 40 mm with an overload deflection of at least 5 mm; or
 - Human subject tests demonstrate peak interface pressures that are less than 90% of those of a standard reference cushion at each of the 3 following anatomic locations: right and left ischial tuberosities and sacrum/coccyx; and



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Policy & Financing

- Following fatigue testing simulating 18 months of use, overload testing does not demonstrate bottoming out; and
- It has a removable vapor permeable or water proof cover or it has a waterproof surface; and
- The cushion and cover meet the minimum standards for the California Bulletin 117 for flame resistance; and
- It has a permanent label indicating the model and manufacturer; and
- It has a warranty that provides full replacement if the manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months.

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